



Sedgwick County...
working for you



Metropolitan Area Building
and Construction Department

271 W. 3rd St. N., Ste 101, Wichita, KS 67202 - www.sedgwickcounty.org - TEL: 316-660-1840 - FAX: 316-660-1810

CLASSIFICATION OF EXAMINATION:

Elevator Mechanic: _____

Handicapped Accessibility Lift Installer: _____

This application must be completed in its entirety and **must** be supported with documentation of practical experience and returned to the:

Metropolitan Area Building & Construction Dept, 271 W. 3rd St, Suite 301 - Wichita, Kansas 67202.

Tenure Requirements:

Applicants for the electrical elevators examination shall provide written documented proof of at least four (4) years practical experience as a mechanic or mechanic apprentice in the elevator or handicapped accessibility lift construction industry or attending an accredited elevator trade school. No more than one (1) year of the requirement may be satisfied by trade related schooling consisting of minimum of two hundred forty (240) hours classroom training.

Documentation shall be one of the following:

- (1) written letter on company letterhead from employer(s) stating job description and dates of employment;
- (2) copy of a transcript or attendance record from an accredited elevator trade school;
- (3) a written letter on a city letterhead from the building official or elevator inspection division of a city where the applicant is licensed as an elevator or handicapped accessibility lift contractor, or is certified by that city as an electrical elevator master and stating the length of time of the certification or license.

APPLICATION FEE: Twenty-five dollars (\$25.00)

Please Print or Type. Each blank on the application must be completed or designated "NA" if not applicable.

Name _____ Social Security # _____

Address _____
Number and Street City State Zip

Home Telephone # _____ Business Telephone # _____

Years served as an apprentice _____ As Elevator Mechanic _____

For whom have you been employed - Current or Latest employer listed first:

Name

Business Address

Dates of Employment

(COMPLETE REVERSE SIDE)

Have you ever taken the Prometric Elevator Electrical examination before? _____

If yes, When? _____

Have you ever had a certification revoked? _____

If yes, state circumstances. _____

I hereby certify that the statements contained herein are true to the best of my knowledge and belief. I understand that any falsification of the above answers or documented proof of experience is justification for revocation or recall of a certificate.

Signature of Applicant:_____ Date:_____

You will be notified by mail of **APPROVAL** or **DENIAL** and further instructions.

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DEPARTMENT RECORD

Date Received: _____

Board Action Date: _____ Approved: _____ Denied: _____

COMMENTS: _____

