



STATE OF WEST VIRGINIA
 WEST VIRGINIA DIVISION OF LABOR
 ELEVATOR SAFETY SECTION
 749-B BUILDING 6, CAPITOL COMPLEX
 CHARLESTON, WV 25305
 PHONE (304) 558-7890 FAX (304) 558-2415
www.wvlabor.org

APPLICATION FOR ELEVATOR APPRENTICE REGISTRATION

§ 21-3C-10a. License requirements for elevator mechanics; contractor license required; supervision of elevator apprentices required. (c) An elevator apprentice who is enrolled in a four year apprenticeship program approved by the Commissioner, and who is in good standing in the program, may work under the supervision of a licensed elevator mechanic.

APPLICANT INFORMATION

Last	First	Middle	Title
Home Mailing Address		E-Mail Address	
City		State	Zip Code
Home Phone Number ()		Cell Phone Number ()	
Local Union# (if applicable)			
Local Agent (if applicable)			
Local Agent Address (if applicable)			

PROOF OF ELIGIBILITY

You, the applicant, must meet the following minimum qualifications:

- I am at least eighteen (18) years of age.
- I can provide documentation of enrollment in an elevator apprentice program recognized by the U.S. Department of Labor.
 (Please attach the apprenticeship certification form which can be obtained from your state office of apprenticeship.)

Please check only one(1) that applies:

- | | |
|--|--|
| <input type="checkbox"/> I am in my 1st year apprenticeship. | <input type="checkbox"/> I am in my 3rd year apprenticeship. |
| <input type="checkbox"/> I am in my 2nd year apprenticeship. | <input type="checkbox"/> I am in my 4th year apprenticeship. |

PRIVACY STATEMENT

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please contact the Webmaster, Robert Bryant at Robert.L.Bryant@wv.gov or the Division's Privacy Officer, John Junkins at John.R.Junkins@wv.gov.

AFFIRMATION

I hereby affirm under penalty of perjury that all of the information provided with this application is true to the best of my knowledge. By signature you are also permitting the Division of Labor to confirm any information you provide on the application.

Signature	Date
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EMPLOYMENT HISTORY

LIST ALL WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB. ANY CHANGE IN DUTIES, TITLE, OR EMPLOYMENT STATUS MUST BE LISTED AS A SEPARATE JOB. IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE PAGE.

1. Current Employer Name & Address			WV Contractor License # WV _____
Current Employer Phone Number ()		Current Employer Fax Number ()	
Type of Business	Name of Supervisor	Position Held	Employer Phone No.
Employment Dates From: _____ to _____ month/year month/year	Employment Status <input type="checkbox"/> Paid Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____		
2. Employer Name & Address			
Type of Business	Name of Supervisor	Position Held	Employer Phone No.
Employment Dates From: _____ to _____ month/year month/year	Employment Status <input type="checkbox"/> Paid Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____		
3. Employer Name & Address			
Type of Business	Name of Supervisor	Position Held	Employer Phone No.
Employment Dates From: _____ to _____ month/year month/year	Employment Status <input type="checkbox"/> Paid Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____		
4. Employer Name & Address			
Type of Business	Name of Supervisor	Position Held	Employer Phone No.
Employment Dates From: _____ to _____ month/year month/year	Employment Status <input type="checkbox"/> Paid Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____ <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Number of hours per week ____		