

CQCC # CC _____ - _____ (Provided by the Division)

Specify nature of business (more than one box may be checked if appropriate).

- Installation/Alteration Service or Maintenance Repair

Specify form of business:

- Corporation Partnership Limited Liability Company (LLC) Sole Ownership with employees Sole Ownership with no employees Public Entity

Sole Owner Mechanic Fee Exemption. For Sole Ownership (with no employee), owner must qualify as mechanic but is only required to pay the fee for company qualification. A separate application for mechanic certification must be submitted.

Business/Company Name		Classification	CSLB #	Lic. Exp. Date (mm/dd/yyyy)	
Business/Company Address		City		State	Zip + 4
Business Officer/ Partner/ Sole Owner	Title	Phone	Email Address		
Residence Address		City		State	Zip + 4
Business Officer/ Partner	Title	Phone	Email Address		
Residence Address		City		State	Zip + 4

_____ How many years has the company been engaged in the business of constructing, maintaining, servicing and repair of conveyances?

Company maintains copies of all applicable codes related to the conveyances erected, constructed, installed, materially altered, tested, maintained, repaired or serviced by the company. All branch and field offices of the company in the State of California shall have these codes available for use by any CQCC employed by the company.

2. Certification Type

Applicant understands that this Certification does not release the applicant from obtaining any other license which may be required by the California State Licensing Board or any other agency.

General Certification. This certification qualifies the applicant through their designated individual as a CQCC on all conveyances covered by California Labor Code, Part 3, Chapter 2. The application must be completed including endorsement by the company in Section 15 and submitted to the Division for processing.

Limited Certification. The applicant should check the appropriate box or boxes, complete the application including endorsement by the company in Section 15, and submit the application to the Division for processing. This certification limits the applicant through their designated individual as a CQCC on specific conveyances. Any company with limited certification that works on conveyances beyond those, for which the company has been certified, may risk losing the companies certification.

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|---|---|
| <input type="checkbox"/> Platform Lifts and Inclined Stairway Chair Lifts | <input type="checkbox"/> Escalator and Moving Walk |
| <input type="checkbox"/> Vertical and Inclined Reciprocating Conveyors | <input type="checkbox"/> Special Access Elevators |
| <input type="checkbox"/> Funiculars | <input type="checkbox"/> Automated People Movers as defined by ASCE 21 |
| <input type="checkbox"/> Belt Manlifts | <input type="checkbox"/> Other Automatic Guided Transit Vehicles on Guideways |
| <input type="checkbox"/> Material Lifts and Dumbwaiters with Automatic Transfer device | <input type="checkbox"/> Dumbwaiters |
| <input type="checkbox"/> Special Purpose Personnel Elevators on cranes that utilize a rack and pinion system in marine terminals. | <input type="checkbox"/> Special Purpose Personnel Elevators |

3. Qualifying Individual

An individual may qualify on behalf of the company with 5 or more years of experience or with 2 to 4 years of experience by taking an exam administered by the Division. Please complete the appropriate section below (3A or 3B).

3A. Qualifying Individual with 5 or more Years of Experience

5 or more years of journey level experience. Go to Section 4.

3B. Qualifying Individual with 2 to 4 Years of Experience

2 to 4 years of journey level experience. Applicant must take and pass an exam administered by the Division on the applicable codes and standards. A picture ID will be required for admittance to any examination. An additional fee of one hundred dollars (\$100) will be charged for the processing of the exam. The fee shall be paid prior to the exam.

Location of Examination: Santa Ana Sacramento

Do you need reasonable accommodation to take this exam? Yes No

Have you ever applied for this examination before? Yes No If Yes, give date (mm/dd/yyyy): _____

Signature of Person to Take Examination	Printed Name

Note: The Division will notify the applicant when the exam will be given. Proceed to Section 4.

4. Qualifying Individual Information

CCCM # (if applicable) _____

First Name, Middle Initial, Last Name		Drivers License number or other State issued ID #		State
Residence Address		City		
State	Zip Code	Phone Number	Fax Number	
Business/Company Name		Business/Company Address		
City	State	Zip Code		
Email Address				

The qualifying individual possesses a copy of the Elevator Industry Field Employee Safety Handbook? Yes No

5. Qualifying Individual's Work History

Experience. Describe duties and dates of employment evidencing at least 2 to 5 years work experience at a journey person level or higher in the conveyance industry performing construction, installation, altering, testing, maintaining, servicing or repairing of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code. This experience must be verified directly by previously licensed elevator contractors or current or previously Certified Qualified Conveyance Companies or by other acceptable means (i.e. benefit records from the National Elevator Industry Benefit Plan (NEIBP)). Note: If necessary attach additional pages

From (mm/yy)	To (mm/yy)	Job title		
Hours per week	Total worked (years/months)	Company (current or most recent)	CSLB No.	
			CQCC No.	

Supervisor	Phone	Address
Description of Duties (Be specific to type of device.)		

From (mm/yy)	To (mm/yy)	Job title	
Hours per week	Total worked (years/months)	Company (previous employer)	CSLB No.
			CQCC No.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device.)			

From (mm/yy)	To (mm/yy)	Job title	
Hours per week	Total worked (years/months)	Company (previous employer)	CSLB No.
			CQCC No.
Supervisor	Phone	Address	
Description of Duties (Be specific to type of device.)			

6. Verification of Experience

Verification of employment is required. Five years of employment as indicated in Section 5 shall be verified directly by the employer by completing this Section or through other acceptable employee records which need to be attached to this application. If the qualifying person is qualifying through the exam process then at least 2 years shall be verified. Without this verification the application cannot be processed.

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.

Signature	Print Name	Title	Date
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I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.

Signature	Print Name	Title	Date
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I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.

Signature	Print Name	Title	Date
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7. Education and Training

Additional Information: Explain or list additional skills, aptitudes, educational courses or degrees that may add to qualifying individuals qualifications. List trade certifications, continuing education training courses, and other certifications. Include dates of training and provide a copy of course certificate showing evidence of total hours of attendance. List other relevant employment as applicable. Provide a copy of the 8 hour Continuing Education certificate for the Qualifying individual(s).

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8. Second Qualifying Individual (Optional)

The company has the option to qualify a second individual. Please complete the appropriate section below (8A or 8B). A second qualifying individual may qualify on behalf of the company with 5 or more years of experience or with 2 to 4 years of experience by taking an exam administered by the Division.

8A. Qualifying Individual with 5 or more Years of Experience

5 or more years journey level experience. Go to Section 9.

8B. Qualifying Individual with 2 to 4 Years of Experience

2 to 4 years journey level experience. Applicant must take and pass an exam administered by the Division on the applicable codes and standards. A picture ID will be required for admittance to any examination. An additional fee of one hundred dollars (\$100) will be charged for the processing of the exam. The fee shall be paid prior to the exam.

Location of Examination: Santa Ana Sacramento

Do you need reasonable accommodation to take this exam? Yes No

Have you ever applied for this examination before? Yes No If Yes, give date (mm/dd/yyyy): _____

Signature of Person to Take Examination	Printed Name

Note: The Division will notify the applicant when the exam will be given. Proceed to Section 9.

9. Second Qualifying Individual Information

CCCM # (if applicable) _____

First Name, Middle Initial, Last Name		Drivers License number or other State issued ID #	State
Residence Address		City	
State	Zip Code	Phone Number	Fax Number
Business/Company Name		Business/Company Address	
City	State	Zip Code	
Email Address			

The qualifying individual possesses a copy of the Elevator Industry Field Employee Safety Handbook? Yes No

10. Second Qualifying Individual's Work History

Experience. Describe duties and dates of employment evidencing at least 2 to 5 years work experience at a journey person level or higher in the conveyance industry performing construction, installation, altering, testing, maintaining, servicing or repairing of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code. This experience must be verified directly by previously licensed elevator contractors or current or previously Certified Qualified Conveyance Companies or by other acceptable means (i.e. benefit records from the National Elevator Industry Benefit Plan (NEIBP)). Note: If necessary attach additional pages.

From (mm/yy)	To (mm/yy)	Job title		
Hours per week	Total worked (years/months)	Company (current or most recent)	CSLB No.	
			CQCC No.	
Supervisor	Phone	Address		
Description of Duties (Be specific to type of device.)				

From (mm/yy)	To (mm/yy)	Job title		
Hours per week	Total worked (years/months)	Company (current or most recent)	CSLB No.	
			CQCC No.	
Supervisor	Phone	Address		
Description of Duties (Be specific to type of device.)				

From (mm/yy)	To (mm/yy)	Job title		
Hours per week	Total worked (years/months)	Company (current or most recent)	CSLB No.	
			CQCC No.	
Supervisor	Phone	Address		
Description of Duties (Be specific to type of device.)				

11. Verification of Experience (second person)

Verification of employment is required. Five years of employment as indicated in Section 5 shall be verified directly by the employer by completing this Section or through other acceptable employee records which need to be attached to this application. If the qualifying person is qualifying through the exam process then at least 2 years shall be verified. Without this verification the application cannot be processed.

I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.

Signature	Print Name	Title	Date
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I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.

Signature	Print Name	Title	Date
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I certify under penalty of perjury that the aforementioned employment experience is verified as true and accurate information.

Signature	Print Name	Title	Date
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12. Education and Training (Second Person)

Additional Information: Explain or list additional skills, aptitudes, educational courses or degrees that may qualify you as a Certified Competent Conveyance Mechanic in the State of California. List trade certifications, continuing education training courses and other certifications. Include dates of training and provide a copy of course certificate showing evidence of total hours of attendance. List other relevant employment as applicable. Provide a copy of the 8 hour Continuing Education certificate for the Qualifying individual(s).

13. Qualified Individuals' Signatures

I certify under penalty of perjury that the personal information on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the certification process.

Signature (Required)	Date (mm/dd/yyyy)
Signature (Second Person) (If applied)	Date (mm/dd/yyyy)

14. Required Documentation

The applicant shall attach a copy of the following documentation necessary to complete the processing of this application. Any documentation not submitted will result in a delay of the certification process.

- Current elevator contractors license pursuant to Chapter 9 (commencing with section 7000) of Division 3 of the Business and Professions Code, if required by nature of business.
- A list of branch offices conducting business in the State of California. This list shall include the branch office business address, contact name, contact telephone number, fax number, and email address (if available).
- Policy or certificate of insurance for general liability coverage of not less than one million dollars (\$1,000,000) for injury or death of any one person or persons in any one occurrence, and with coverage of not less than five hundred thousand dollars (\$500,000) for property damage in any one occurrence.
- Policy or certificate of insurance of worker's compensation insurance coverage, if applicable.

15. Company Affidavit

I certify under penalty of perjury that the information disclosed in this application, including employment experience of the qualifying individuals is verified as true and accurate information.

Business Officer Signature	Print Name	Title	Date (mm/dd/yyyy)
Company Name	Address (City, State, Zip + 4)		Phone
Business Officer Signature	Print Name	Title	Date (mm/dd/yyyy)
Company Name	Address (City, State, Zip + 4)		Phone

The application fee for the initial biennial Certification shall be seven hundred dollars (\$700.00) per California Code of Regulations, Title 8, Section 344.30. The fee shall be attached to this application as a check made out to the Department of Industrial Relations, Elevator Safety Account. An additional fee of one hundred dollars (\$100.00) shall be attached if the examination in Section 3B or 8B is requested. Renewal of this certification will be considered upon submittal of a completed renewal application available from the Elevator and Tramway Unit. All fees are non-refundable as provided in California Labor Code section 7311.4(b).

Note: A company operating as a CQCC shall not hold concurrent certification as a CQCIC.

Completed applications may be returned to the following address:

State of California
Division of Occupational Safety and Health
Elevator Unit, Certification Section
1750 Howe Ave., Ste. 420
Sacramento, CA 95825
Phone: (916) 274-5709 Email: ElevatorCert@dir.c.gov

If you change your mailing address or other pertinent information, please see our website for the Address Change Form and submit that within 30 days of any change. <http://www.dir.ca.gov/dosh/elevatorcertification.html>