

State of California Certified Qualified Conveyance (Elevator) Company (CQCC)

CQCC # CC _____ - _____

1. Company Information

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 employee(s)
 Sole Ownership with no employee
 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 _____ Fax _____

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 CCCM 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.

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

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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 seventy five dollars (\$75) 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 + 4)

State Zip + 4 (_____) Phone (_____) Fax

Business/Company Address (City, State, Zip + 4)

Email Address

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

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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/yyyy)	To (mm/yyyy)	Job Title	
Hours per Week	Total Worked ____ years ____ months	Company (Current or most recent employer)	CSLB No.
			CQCC No.
Supervisor	Phone	Address	

Description of Duties (Be Specific to Type of Device)			

From (mm/yyyy)	To (mm/yyyy)	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/yyyy)	To (mm/yyyy)	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)			

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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

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

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

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).

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.

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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 seventy five dollars (\$75) 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 + 4)	
State	Zip + 4	Phone	Fax	
Business/Company Address			(City, State, Zip + 4)	
Email Address				

The qualifying individual possess 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/yyyy)	To (mm/yyyy)	Job Title		
Hours per Week	Total Worked ____ years ____ months	Company (current or most recent employer)	CSLB No.	
			CQCC No.	
Supervisor	Phone	Address		

Description of Duties (Be Specific to Type of Device)

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10. Second Qualifying Individual's Work History (cont)

From (mm/yyyy)	To (mm/yyyy)	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/yyyy)	To (mm/yyyy)	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)

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.

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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, Rides and Tramway Unit, Certification Section
2424 Arden Way Suite 485
Sacramento, CA 95825
Phone: (916) 274-5709 Fax (916) 263-1957