

# State of California

TCCCM # \_\_\_\_\_

## Temporary Certified Competent Conveyance Mechanic (TCCCM)

### 1. Company Certifying Competency

Company Name	CSLB #
CQCC Qualifying Individual (Companies Qualifier)	CQCC #
Business Address (Branch)	City
State	Zip Code
Phone	Fax
Branch Contact	Email address

### 2. Certification Type

**Applicant indicates the Type of Certification for which the person designated as the TCCCM is qualified. The applicant does understand 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 for this TCCCM.**

**General Certification.** This certification qualifies the designated person as a TCCCM, with all the rights and privileges of a CCCM, on all conveyances covered by California Labor Code, Part 3, Chapter 2. The entire application must be completed, signed, and submitted to the Division for processing.

**Limited Certification.** The applicant should check the appropriate box or boxes and complete the entire application. This certification limits the designated person as a TCCCM on specific conveyances. The entire application must be completed, signed and submitted to the Division for processing.

- |   |  |
|---|--|
| <input type="checkbox"/> Dumbwaiter and Material Lift<br><input type="checkbox"/> Platform Lifts and Inclined Stairway Chair Lifts<br><input type="checkbox"/> Vertical and Inclined Reciprocating Conveyors<br><input type="checkbox"/> Funiculars<br><input type="checkbox"/> Belt Manlifts | <input type="checkbox"/> Escalator and Moving Walk<br><input type="checkbox"/> Special Access Elevators<br><input type="checkbox"/> Automated People Movers as defined by ASCE 21<br><input type="checkbox"/> Other Automatic Guided Transit Vehicles on Guideways |
|---|--|

### 3. Qualifying Temporary Mechanic's Information

First Name	Middle Initial	Last Name	Drivers License number or other State issued ID #	State
Home Address		City		
State	Zip Code	Phone	Fax	
Email address				

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## Temporary Certified Competent Conveyance Mechanic

### 4. Qualification Method

Complete the appropriate section below. A candidate may qualify as a TCCCM by either method 1, method 2 or method 3.

#### 4A. Qualifying Method 1

Candidate has one year of experience in the conveyance industry performing construction, maintenance, service or repair of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code and is a second year apprentice. Applicant must attach verification of status as a second year apprentice and show one year of work experience in Section 5 and certify eight hours of instruction related to conveyance code knowledge.

#### 4B. Qualifying Method 2

Candidate has two years of experience in the conveyance industry performing construction, maintenance, service or repair of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code. Applicant must document two years of work experience in Section 5 and attach verification of enrollment in a nationally recognized training program and certify eight hours of instruction related to conveyance code knowledge.

#### 4C. Qualifying Method 3

Candidate has three years of experience in the conveyance industry performing construction, maintenance, service or repair of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code. Applicant must document work experience in Section 5 and certify eight hours of instruction related to conveyance code knowledge.

### 5. Qualification Experience

Experience. Describe duties and dates of employment evidencing the qualifying candidate with the actual work experience documented in Section 4 in the conveyance industry performing construction, maintenance, service or repair of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code.

Present employment (required)

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

Previous Employer

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

