

This application for certification as a Certified Competent Conveyance Mechanic is **NOT** a license to perform work for which a contractor's license is required by the California Business and Professions Code or any other agency.

In order to be considered for certification, a person must have at least three (3) years work experience in construction, maintenance, service or repair of conveyances (see sections 3 and 3A), and must meet the additional qualifications in Section 5.

Under the provisions of California Labor Code Section 7311.5(b), applicants working on special purpose personnel elevators on cranes that utilize a rack and pinion system in marine terminals are exempt from the requirements in Section 5 of this application.

Applicants who apply after December 31, 2003, in addition to three (3) years work experience in the conveyance industry, are required to obtain one of the following:

- A passing score on a qualifying exam administered by the Division;

Or

- A certificate of completion upon successfully passing an examination of a nationally recognized training program for the conveyance industry (e.g. National Elevator Industry Education Program – NEIEP, Certified Elevator Technician – CET, or Certified Accessibility Technician – CAT)

Or

- A certificate of completion of a registered apprenticeship program (e.g. JATC)

A General Certification or Limited Certification may be issued by verification of the information provided in Section 2 of this application. The applicant must sign the application and a check or money order in the amount of two hundred ten (\$210) shall be made out to the Department of Industrial Relations for payment of fees. All fees are non-refundable as provided by California Labor Code section 7311.4(b). An application which is not properly completed may delay the issuing of certification.

A certificate and an identification card will be issued when all application criteria have been met. This certification will be valid for 2 years and must be renewed with an application available from the Division.

CCCM # _____ (Provided by the division)

1. PERSONAL INFORMATION -REQUIRED-

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

Check to certify that applicant possesses a copy of the Elevator Industry Field Employee Safety Handbook.

2. CERTIFICATION TYPE

Applicant understands that this Certification does not permit the applicant to perform work for which any other license may be required by the California State Licensing Board or any other agency.

- GENERAL CERTIFICATION.** This certification qualifies the applicant as a CCCM on all conveyances covered by California Labor Code, Part 3, Chapter 2. An applicant shall verify employment by attaching proof of employment (e.g. **mandatory supervisors signature** and optional report of hours from the National Elevator Industry Benefit Plan (NEIBP)), and by fully completing the remainder of this application.
- LIMITED CERTIFICATION.** The applicant shall check the appropriate box or boxes, complete the entire application including the signature section and submit it to the Division. This certification limits the applicant to specific conveyances named in this section. Anyone with a limited certification, who works on conveyances beyond those for which he or she has been certified, may risk

- | | |
|--|---|
| <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. QUALIFICATION HISTORY

EXPERIENCE. Describe duties and dates of employment **evidencing 3 years experience** in the conveyance industry performing construction, maintenance, service, and repair of conveyances covered by Chapter 2 of Part 3 of Division 5 of the California Labor Code. This information shall be **verified by present certified conveyance companies** (see Section 3A). Attach additional pages if necessary.

Certified Competent Conveyance Mechanic (CCCM) Application

DIR DOSH 003 (Rev. 1/2025)

CURRENT Employer (MUST BE CURRENTLY EMPLOYED TO PROCESS THIS APPLICATION)

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

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.)				

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.)				

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.)				

3A. EMPLOYER'S VERIFICATION OF EXPERIENCE (SUPERVISOR'S SIGNATURE)

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

Signature	Title	Date
-----------	-------	------

Print Name	Company Name
------------	--------------

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

Signature	Title	Date
-----------	-------	------

Print Name	Company Name
------------	--------------

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

Signature	Title	Date
-----------	-------	------

Print Name	Company Name
------------	--------------

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

Signature	Title	Date
-----------	-------	------

Print Name	Company Name
------------	--------------

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

Signature	Title	Date
-----------	-------	------

Print Name	Company Name
------------	--------------

4. EDUCATION AND TRAINING

Additional Information: Explain or list additional skills, aptitudes, educational courses, degrees, or certifications that may qualify you as a Certified Competent Conveyance Mechanic in the State of California. Include documentation showing evidence of this additional information. Attach additional pages if necessary.

5. QUALIFYING REQUIREMENTS

Applicants shall meet the minimum work experience referenced in Section 3 AND shall meet one of the following requirements and attach the appropriate documentation.

Under the provisions of California Labor Code Section 7311.5(b), applicants working on special purpose personnel elevators on cranes that utilize a rack and pinion system in marine terminals are exempt from the requirements in Section 5.

5A. DIVISION EXAMINATION

Applicants qualifying through the Division examination process as allowed by California Labor Code, Part 3, Chapter 2, Section 7311.2 (b)(1)(B)(i), shall complete this section.

Qualifying with Division examination

Desired Examination Type: Limited General

Desired 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. _____

An additional one hundred (\$100) shall be submitted with this application. The additional fee is required to cover the costs of administration and processing of the examination.

5B. NEIEP, CET, or CAT EXAMINATION

Applicants qualifying through the NEIEP, CET, or CAT examination process as allowed by California Labor Code, Part 3, Chapter 2, Section 7311.2 (b)(1)(B)(ii), shall complete this section, and **attach documentation**.

Name of Program _____ Certificate number _____

5C. COMPLETION OF APPRENTICESHIP PROGRAM

Applicants qualifying through the Apprenticeship and Training process as allowed by California Labor Code, Part 3, Chapter 2, Section 7311.2 (b)(1)(B)(iii), shall complete this section, **and attach documentation**.

Certificate of completion of an apprenticeship program for conveyance mechanics registered with the Bureau of Apprenticeship and Training of the United States Department of Labor or a state apprenticeship council having standards substantially equal to or more comprehensive than California.

Name of program _____ Certificate number _____

You must provide a copy showing completion of Apprenticeship program.

6. APPLICANT SIGNATURE

I certify under penalty of perjury that the 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.

The **application fee** for the **initial** biennial Certification shall be two hundred ten (**\$210.00**), Title 8, California Code of Regulations, Section 344.30. The fee shall be attached to this application as a **check or money order** made out to the **Department of Industrial Relations, Elevator Safety Account**. *An additional fee of one hundred dollars (\$100.00) shall be attached only if the examination in Section 5A is requested.* Renewal of this certification will be considered upon submittal of a completed renewal application available from the Elevator, Ride, and Tramway Unit. All fees are non-refundable as provided by California Labor Code section 7311.4(b).

Two passport sized color photos must be enclosed with this application. Digital format on CD or flash drive will also be accepted. An image of the applicants signature will be used on a State of California issued ID card.

Note: A person certified as a CCCM shall not hold concurrent certification as a CCCI.

Applicant Signature (**Please keep signature within this box**)

Date

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.ca.gov

Additional information and forms: <http://www.dir.ca.gov/dosh/ElevatorCertification.html>

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.