

CCCM # _____ (Provided by the division)

Date: _____

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		

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), documentation provided by employers human resource office), 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 losing his or her certification. An applicant requesting certification in additional classifications must complete the CCCM application instead of this renewal application.
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| <ul style="list-style-type: none"> <input type="checkbox"/> Platform Lifts and Inclined Stairway Chair Lifts <input type="checkbox"/> Vertical and Inclined Reciprocating Conveyors <input type="checkbox"/> Funiculars <input type="checkbox"/> Belt Manlifts <input type="checkbox"/> Material Lifts and Dumbwaiters with Automatic Transfer device <input type="checkbox"/> Special Purpose Personnel Elevators on Cranes that Utilize a Rack and Pinion System in Marine Terminals | <ul style="list-style-type: none"> <input type="checkbox"/> Escalator and Moving Walk <input type="checkbox"/> Special Access Elevators <input type="checkbox"/> Automated People Movers as defined by ASCE 21 <input type="checkbox"/> Other Automatic Guided Transit Vehicles on Guideways <input type="checkbox"/> Dumbwaiters <input type="checkbox"/> Special Purpose Personnel Elevators |
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3. QUALIFICATION HISTORY

Experience. Describe duties and dates of employment since last renewal evidencing 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.

Certified Competent Conveyance Mechanic (CCCM)**Application For Renewal**

DIR DOSH 003 R (Rev. 1/2025)

Current Employer (required)

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.)				

**4. CURRENT EMPLOYER'S VERIFICATION OF EXPERIENCE (supervisor's signature)
-REQUIRED-**

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

Signature

Print Name

Title

Date

5. EDUCATION AND TRAINING (copy of 8hr cont. education cert must be included)

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. **A minimum of 8 hours of instruction from an approved continuing education course provider, covering new and existing provisions of the regulations of the board is required.** Continuing education shall occur within one year immediately preceding certificate renewal. 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 continuing education requirements.

Certified Competent Conveyance Mechanic (CCCM)**Application For Renewal**

DIR DOSH 003 R (Rev. 1/2025)

6. APPLICANT SIGNATURE

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. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California. All documents submitted will remain confidential.

The renewal fee for the biennial Certification shall be one hundred forty dollars (\$140.00), 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**. 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).

Applicant understands that certification shall not be provided to a Certified Competent Conveyance Inspector.

Applicant Signature (Please keep signature within box and off the lines)

Date

Completed applications including mandatory continuing education certificate shall be returned to the following address:

State of California
 Department of Industrial Relations
 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.