

**State of California**  
**Certified Qualified Conveyance (Elevator) Company (CQCC)**  
 Application for Renewal

**CQCC # CC** \_\_\_\_\_  
**Date** \_\_\_\_\_

**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 employees     Sole Ownership with no employees     Public Entity

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) \_\_\_\_\_

**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 4 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 3, 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 company's certification.

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

3. Qualification History (1st Qualifier)

1st Qualifier Name \_\_\_\_\_

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.

Current or Most Recent Employer

Form with fields: 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

Form with fields: 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 or Most Recent Employer's Verification of Experience

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

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.

Horizontal lines for providing additional information.

**6. Qualification History (2<sup>nd</sup>. Qualifier)**

2nd Qualifier Name \_\_\_\_\_

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.

Current or Most Recent 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.)			

**7. Current or Most Recent Employer's Verification of Experience**

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

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Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**8. Education and Training**

**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.

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9. 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.
Copy of 8 hour Continuing Education certificate for the Qualifier(s).

10. 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 Renewal Certification shall be one hundred forty dollars (\$140.00) 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. Any changes or updates to the original application require the company to reapply using application CQCC Form 4 available from the Division. 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
2424 Arden Way Suite 485
Sacramento, CA 95825
Phone: (916) 274-5709 Fax (916) 263-1957

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