

State of California

EXAMINATION RE-TEST REQUEST

Only use for re-testing - not first time

1. PERSONAL INFORMATION

First Name Middle Initial Last Name Drivers License number or other State issued ID # State

Home Address (Street, City, Zip)

Phone Email Address

Company Name (_____) Company Phone

2. CERTIFICATION AND EXAMINATION TYPES

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. CCCI CERTIFICATION.
 LIMITED CERTIFICATION. CQCC QUALIFIER (please also select general or limited).

5A. DIVISION EXAMINATION

Desired location of examination: Santa Ana Sacramento

What was the date of your last examination? _____

The examination fee is: One Hundred (\$100) and shall be submitted with this form (payable to DIR, Elevator Safety Account). The fee is required to cover the costs of administration and processing of the examination. All fees are non-refundable as provided by California Labor Code section 7311.4(b). **If you need to reschedule or cancel, you are required to provide us 24 hours' notice. Fees are forfeited if proper notice of cancellation is not given.**

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.

Applicant Signature (Please keep signature within this box)

Date

Return completed forms to the following address:
State of California
Division of Occupational Safety and Health
Elevator, Ride and Tramway Unit, Certification Section
2424 Arden Way Suite 485
Sacramento, CA 95825
Phone: (916) 274-5709
Fax: (916) 263-1957

Additional information and forms: <http://www.dir.ca.gov/dosh/ElevatorCertification.html> (First time applications please see website).