

State of California

TCCCM # _____

Temporary Certified Competent Conveyance Mechanic (TCCCM)

1. Company Certifying Competency

Company Name		CSLB #	
CQCC Qualifying Individual (Company 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 | <input type="checkbox"/> Escalator and Moving Walk |
| <input type="checkbox"/> Platform Lifts and Inclined Stairway Chair Lifts | <input type="checkbox"/> Special Access Elevators |
| <input type="checkbox"/> Vertical and Inclined Reciprocating Conveyors | <input type="checkbox"/> Automated People Movers as defined by ASCE 21 |
| <input type="checkbox"/> Funiculars | <input type="checkbox"/> Other Automatic Guided Transit Vehicles on Guideways |
| <input type="checkbox"/> Belt Manlifts | |

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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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 **active** 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. **Applicant must provide proof of competency as determined by the division (7301.5 (c)).**

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.)			

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6. Employer's Verification and Need for a TCCCM

Verify the information below by checking the boxes.

- The qualified person possesses a copy of the Elevator Industry Field Employees Safety Handbook and has received training in its contents.
- Certification attached verifying enrollment in nationally recognized training program. (ie. NEIEP, CET, CAT or registered Apprenticeship)
- The qualified person is able to perform the required work without direct and immediate supervision.
- Copy of 8 hour Continuing education certificate

_____ Ending date TCCCM is needed. Not to exceed term of certification.

Has the TCCCM sat for the division exam Yes No. If yes, when_____.

In the space below provide a statement indicating the necessity of a TCCCM and attaching verification of this necessity. This may be in the form of a current out of work listing provided by a recognized labor organization or other verifiable means acceptable to the division.

The application fee for the 30 day certification shall be thirty five dollars (\$35.00). The fee shall be attached to this application in the form of a check made out to the Department of Industrial Relations, Elevator Safety Account. This certification expires 30 days from the issue date. If a TCCCM is needed beyond 30 days a new application and fee must be submitted.

By checking this box the CQCC is requesting that a new TCCCM certificate be issued automatically every thirty days for a period of six months (no new application and no additional fees are required). If the CQCC does not use the candidate as a TCCCM for that period of time the CQCC must inform the Division of that fact. If at the end of the six months the CQCC stills needs a TCCCM a new application and fee must be submitted each month thereafter. **This is only granted one time ever for an individual.**

All fees are non-refundable as provided by California Labor Code section 7311.4(b).

Supervisor's signature required:

I as representative of the CQCC certify under penalty of perjury that the information contained in this application is verified as true and accurate.

Signature

Print name

Title

Date

NOTE: Applicant and qualified person understand that this certification cannot be held concurrently with certification as a Certified Competent Conveyance Inspector.

Completed applications may be returned to the following address:

State of California
Division of Occupational Safety and Health
Elevator, Rides and Tramway Unit, Certification Section
2424 Arden Way Suite 485
Sacramento, CA 95825
Phone: (916) 274-5709
Fax: (916) 263-1957