



Rhode Island Department of Labor & Training  
 Division of Workforce Regulation and Safety  
**Occupational Safety - Elevator Unit**

1511 Pontiac Avenue, P.O. Box 20157 Cranston, RI 02920-0942  
 Phone: (401) 462-8570 Fax: (401) 462-8576

**APPLICATION FOR EXAMINATION - MECHANIC/INSTALLER EXAM**  
**FEE: \$ 60.00**

I hereby request an examination for a license as a \_\_\_\_\_ (\*see legend)  
 and certify that the following statements are true:

Name in Full: \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 Phone Number: ( ) \_\_\_\_\_

College: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
 High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
 Technical School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**\* Legend:**

**M1** – Full Mechanic License    **M2** – Platform Lifts and Stairway Lifts    **M3** – Material Lifts Only  
**M4** – Private Residence Inclined Elevators (1400 lbs and less); Inclined Elevators other than Private  
 Residence (1400 lbs and less); and Lula Elevators (1400 lbs and less)  
**M5** – M2 + M4 combo

**WORK EXPERIENCE**

(see Rule 4.0 / RI Elevator Safety Code)

<u>Employer</u>	<u>Address</u>	<u>Phone #</u>	<u>Employment Dates</u>	<u>Job Title</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please print form and mail to above address with check payable to: **DLT/Elevator Unit**

**For Office Use Only:**

Fee: \_\_\_\_\_ Work Experience Verified: \_\_\_\_\_ Exam Date: \_\_\_\_\_

Exam Grade: \_\_\_\_\_ License Issued: \_\_\_\_\_ License Number: \_\_\_\_\_