



Elevator Division  
Examination Section – 4th Floor, Room# 408  
Telephone: 224-9401

## MEMORANDUM

Subject: Information pertaining to application for ELEVATOR JOURNEY PERSON AND CONTRACTOR LICENSE.

A minimum of four (4) years of continuous work experience in the elevator field or an apprenticeship program, engaged in construction, service, maintenance or modernization work, of elevators, escalators, dumbwaiters, and moving walks, etc., is required as a prerequisite for eligibility of the City of Detroit Elevator Journey Person written examination and six (6) year's for an City of Detroit Elevator Contractor's written examination. One year of this experience may be waived in the case of an applicant who possesses a degree in Electrical or Mechanical Engineering from a recognized college or university.

Application forms for the City of Detroit Elevator Journey Person and Contractor License may be obtained from the City of Detroit Website ([detroitmi.gov](http://detroitmi.gov)), or the BSEE Department, Elevator Division. Applications shall be in type or printed in ink. The signature and license number of at least two (2), City of Detroit Elevator Journey Persons, who can attest to the applicants experience and habits in the Elevator field. Applications must be at the testing department four (4) days prior to testing date. Those whose credentials are out of state, must allow the department fourteen (14) business days to review and verify the documentation.

Applicants professed experience and knowledge in the elevator fields shall be substantiated by means of affidavits, with other acceptable documentary evidence and information that is pertinent to determine the fitness and eligibility for examination, shall be provided, such as:

- 1) Application forms properly filled-out with the name and address of present and/or previous employer(s) during a period of four(4) years, immediately preceding the date of applicants employment, and
- 2) The signature and license number of at least two (2) City of Detroit Elevator Journey Persons, who can attest to the applicants experience and habits in elevator work, and
- 3) Letter of verification from present employer, stating applicant's number of years and dates of employment.
- 4) Letter of verification from the applicant's skill-trade representative of an organization or a certificate of completion from a recognized educational program, or an equivalent elevator Journeyperson Licenses or
- 5) 10,000 hours of continuous work experience in the elevator field, under the direct supervision of an Elevator Journey Person.

(Do not mail the application or any documents)



# APPLICATION FOR ELEVATOR JOURNEYMAN/CONTRACTOR LICENSE

2 WOODWARD AVE., FOURTH FLOOR, ROOM 408  
DETROIT, MI 48226  
(313) 224-9401

FALSIFICATION IN FILLING OUT THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO ISSUE A LICENSE.  
DO NOT SUBMIT PREVIOUS VERSIONS OF THIS FORM WHICH ARE OBSOLETE PRIOR TO THIS REVISION.

**OBsolete FORMS WILL NOT BE ACCEPTED.**

Elevator Journeyman       Limited      Elevator Journeyman # \_\_\_\_\_  
 Elevator Contractor       Unlimited

## SECTION A: APPLICANT INFORMATION

APPLICANT'S NAME		DATE
DATE OF BIRTH	AGE:	
PRESENT ADDRESS		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER		
EMAIL ADDRESS		

## SECTION B: WORK EXPERIENCE-PLEASE LIST CURRENT EMPLOYER FIRST.

EMPLOYER'S NAME		
PRESENT ADDRESS		
CITY	STATE	ZIP CODE
DATES WORKED		
SPECIFIC DUTIES PERFORMED:		

EMPLOYER'S NAME		
PRESENT ADDRESS		
CITY	STATE	ZIP CODE
DATES WORKED		
SPECIFIC DUTIES PERFORMED:		

EMPLOYER'S NAME		
PRESENT ADDRESS		
CITY	STATE	ZIP CODE
DATES WORKED		
SPECIFIC DUTIES PERFORMED:		

**SECTION C: CHARACTER REFERENCES (REQUIREMENT OF NO LESS THAN TWO)**

*The undersigned, being citizens of the United States do hereby certify from our knowledge of the above-named applicant that he/she is of good character and recommend him/her as a suitable person to be entrusted with the duties of Elevator Journeyman.*

PRINTED NAME	SIGNATURE	Journeyperson License Number
1.		
2.		

I certify that I have read and understand the licensing requirements that accompany this application and that the statements made as part of this application are true, complete, and correct and that no material information has been omitted. By signing the box below, I understand and agree that I am bound by the information on this application.

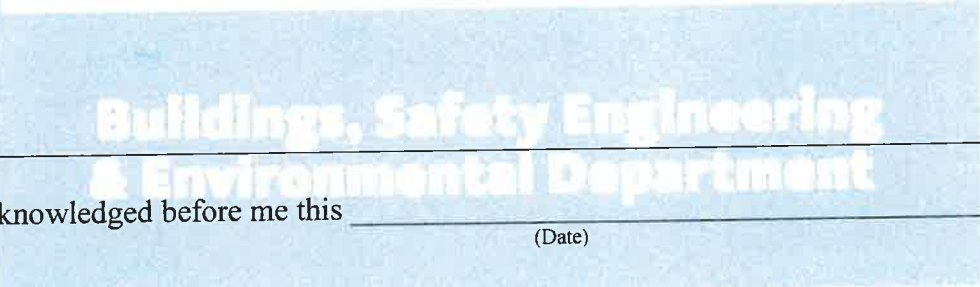
APPLICANT'S PRINTED NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**NOTARY PUBLIC**

State of Michigan  
County of \_\_\_\_\_



The foregoing instrument was acknowledged before me this \_\_\_\_\_ (Date)

by \_\_\_\_\_ (Name of person acknowledging)

Signature of Notary: \_\_\_\_\_

<p align="center"><b>If available, please submit the following documents with application: Examiner will contact you with test date</b></p>	
<input type="checkbox"/>	<b>Copy of Driver's License (Required)</b>
<input type="checkbox"/>	<b>Letter from Skilled Trade Representative</b>
<input type="checkbox"/>	<b>Letter from Employer</b>
<input type="checkbox"/>	<b>Proof Of Education</b>