CITY OF SYRACUSE

APPLICATION TO THE BOARD OF ELEVATOR EXAMINERS FOR ELEVATOR MECHANIC'S OR LIMITED MECHANIC'S LICENSE

Instructions: Please provide detailed information about your experience. Return your application with any supporting documents with proof of insurance. Your application is to be accompanied by a check in the amount of $100 made out to the Commissioner of Finance. Send application and payment to:

DIVISION OF CODE ENFORCEMENT
ATTN: ELEVATOR LICENSING
201 E. WASHINGTON STREET ROOM 403
SYRACUSE, NY 13202

FULL NAME_____

HOME ADDRESS_____

HOME TELEPHONE_____

BUSINESS ADDRESS_____

BUSINESS TELEPHONE_____

EMAIL ADDRESS _____

LICENSE/EXAM APPLYING FOR_____

SUMMARY OF EXPERIENCE:

CURRENT EMPLOYER_____

ADDRESS_____

SUPERVISOR'S NAME_____

LENGTH OF EMPLOYMENT_____**TO**_____

PREVIOUS EMPLOYER_____

ADDRESS_____

SUPERVISOR'S NAME_____

LENGTH OF EMPLOYMENT_____TO_____

PREVIOUS EMPLOYER_____

ADDRESS_____

SUPERVISOR'S NAME_____

LENGTH OF EMPLOYMENT_____TO_____

TRAINING _____

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