



**Illinois Office of the State Fire Marshal
 Division of Elevator Safety
 James R. Thompson Center
 100 West Randolph Street, Suite 4-600
 Chicago, IL 60601
 312-814-1325
 Fax 312-814-3459**



Registration for Elevator Apprentice or Helper

Any person that works on conveyances as an apprentice or helper must register with the Office of the State Fire Marshal in accordance with the Elevator Safety and Regulation Act [225 ILCS 312 et. seq.]. **Registration is a one-time process; renewal will not be required.**

All *Registration* forms must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, James R. Thompson Center, 100 W. Randolph Street, Suite 4-600, Chicago, IL 60601. **The Office will invoice you the \$50.00 registration fee. Please do not send payment with application.** The Elevator Safety Division will process *Registrations* in the order they are received and shall issue the applicant a registration card upon receipt of payment or notify the applicant of the reason for the denial.

OFFICIAL USE ONLY

Registration Card Number _____

Date Issued _____

1. Type of Registration

Apprentice: Helper

Note: You must include a 2" x 2" passport photograph with your application.

2. Applicant

Applicant Name:		Social Security Number:	
Street Address:			
City/State/Zip Code:			
Phone Number (Home & Cell):		Date of Birth:	
Home:	Cell:		
Email Address:		Years of Experience:	

3. Current Employer

Name of Contractor:		Illinois Elevator Contractor License Number:	
Address:			
City/State/Zip Code:			
Phone Number:		Fax Number:	

4. Helper Registration

Please submit a letter from your employer documenting your work experience and stating that you will be working under the direct supervision of an Illinois licensed Mechanic or an Illinois licensed Limited Mechanic. Have your employer(s) sign this section. Without this verification the application cannot be processed.

I certify under penalty of perjury that the attached employment experience is verified as true and accurate information.

Employer Signature

Print Name

Title

Date

5. Apprenticeship Program

Name of Program: _____ Name of contact person: _____

Telephone number of Program contact person: _____

Employer Signature

Print Name

Title

Date

6. Applicant Signature

I certify under penalty of perjury that the information on this registration 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 licensing process.

Applicant Signature

Date