

City of Detroit  
Buildings and Safety Engineering Department  
Fourth Floor, Coleman A. Young Municipal Center  
Detroit, Michigan 48226  
Construction Division  
Mechanical/Electrical Inspection  
Examination Section - Room 404  
313-224-3184

August 30, 2013

**MEMORANDUM**

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

A minimum of three years' experience as an elevator constructor, serviceman, maintenance or repair person is required as a prerequisite to the writing of the Elevator Journey person's and five years for Elevator Contractor 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 Elevator Journey person and Contractor License may be obtained from the Mechanical Inspection Division. Applications shall be typewritten or printed in ink, shall contain such information pertinent in determining eligibility for examination and shall bear the signatures and addresses of two (2) persons who are acquainted with character and habits of the applicant.

Application must be at the testing department three (3) days prior to testing date, whose Credentials are out of state must allow the Department fourteen (14) business days to review and verify these credentials.

PROFESSED EXPERIENCE IN THE ELEVATOR AND RELATED FIELDS SHALL BE Substantiated BY MEANS OF AFFIDAVITS FROM PRESENT OR PREVIOUS EMPLOYERS OR BY OTHER ACCEPTABLE DOCUMENTARY EVIDENCE. SUCH DOCUMENTATION MATERIAL WILL BE RETAINED WITH THE APPLICATION AND WILL NOT BE RETURNED.

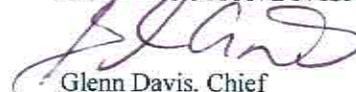
The examination for Elevator Journey person and Contractor License is conducted in room #404 of the Coleman A. Young Municipal Center on the second Wednesday of each month. Contact the: Examination Section for any revised date in the event a legal holiday falls on the second Wednesday.

Bring pencil and pen, application form properly filled out, and the REQUIRED DOCUMENTATION OF EXPERIENCE for the written examination, Fee \$81.00. DO NOT MAIL THE APPLICATIONS.

The examination *will* start at 8:00 A.M. Applicants will be notified of their score by mail. Those passing the required written examination will be scheduled for a subsequent oral examination, Fee \$70.00. An Elevator Journey person and Contractor License will be issued to those applicants who successfully pass the written and oral examination upon payment of the prescribed license fee, for Elevator Journey person \$45.00 and Elevator Contractor \$142.00.

The written, multiple-choice examination will cover areas on code, construction, escalators, power elevators, dumbwaiters, hydraulics, maintenance and service and general knowledge.

CONSTRUCTION DIVISION



Glenn Davis, Chief

**City of Detroit**  
**Buildings and Safety Engineering Department**  
**Safety Engineering Inspection Division-Examination Section**  
**Room 404 City-County Building-Detroit, Michigan 48226**  
**224-3184**

APPLICATION FOR LICENSE AS-

ELEVATOR JOURNEYPERSON \_\_\_\_\_  
 CONTRACTOR LICENSE \_\_\_\_\_  
 LIMITED \_\_\_\_\_  
 UNLIMITED \_\_\_\_\_

APPLICATION MUST BE SUBMITTED IN PERSON, TYPEWRITTEN OR PRINTED IN INK  
**DOCUMENTARY EVIDENCE OF EXPERIENCE IS REQUIRED**

APPLICANTS NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
MO. DAY YEAR

ADDRESS \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_  
Street and Number City State Zip Code

I HAVE HAD THE FOLLOWING EXPERIENCE: (LIST CURRENT EMPLOYER FIRST)

PLACE OF EMPLOYMENT	DATES WORKED	SPECIFIC DUTIES PERFORMED
NAME _____	FROM _____ <small>MONTH YEAR</small>	_____
ADDRESS _____	TO _____	
CITY _____		
NAME _____	FROM _____ <small>MONTH YEAR</small>	_____
ADDRESS _____	TO _____	
CITY _____		

(USE OTHER SIDE OF THIS FORM FOR LISTING ADDITIONAL EXPERIENCE)

STATE OF MICHIGAN)  
 COUNTY OF WAYNE) SS.

\_\_\_\_\_, being duly sworn, says that he read the foregoing application by him submitted and that all statements, documentation and information therein contained therein contained are true to the best of his knowledge and belief.

(Signed) \_\_\_\_\_  
 Applicant

Subscribed and sworn to before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires \_\_\_\_\_

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 as a suitable person to be entrusted with the duties of

JOURNEYPERSON \_\_\_\_\_ CONTRACTOR \_\_\_\_\_

Signature \_\_\_\_\_ Address \_\_\_\_\_

ORAL NO. \_\_\_\_\_

APPLICATION FOR LICENSE AS-

ELEVATOR JOURNEYPERSON \_\_\_\_\_

CONTRACTOR LICENSE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

DATE \_\_\_\_\_

EXAMINED \_\_\_\_\_

DISPOSITION \_\_\_\_\_

LICENSE ISSUED \_\_\_\_\_

NO. OF LICENSE \_\_\_\_\_

---

**PLEASE NOTE: (APPLICATION SHALL NOT BE TAKEN FROM THIS OFFICE AFTER RECORDING)**

PLACE OF EMPLOYMENT                      DATES WORKED                      SPECIFIC DUTIES PERFORMED \_\_\_\_\_

NAME \_\_\_\_\_ FROM \_\_\_\_\_  
MONTH                      YEAR

ADDRESS \_\_\_\_\_ TO \_\_\_\_\_

CITY \_\_\_\_\_

NAME \_\_\_\_\_ FROM \_\_\_\_\_  
MONTH                      YEAR

ADDRESS \_\_\_\_\_ TO \_\_\_\_\_

CITY \_\_\_\_\_

NAME \_\_\_\_\_ FROM \_\_\_\_\_  
MONTH                      YEAR

ADDRESS \_\_\_\_\_ TO \_\_\_\_\_

CITY \_\_\_\_\_