

New Jersey Office of the Attorney General
Division of Consumer Affairs
Elevator, Escalator, and Moving Walkway Mechanics Licensing Board 124 Halsey Street, 6th Floor, P.O. Box 45054 Newark, New Jersey 07101 (973) 504-6260

Elevator Mechanic's License Certification of Practical Experience

An applicant who is an employee of an Elevator Mechanic's business must submit one (1) form for each employer who can certify the applicant's practical experience. An applicant who is an owner of an Elevator Mechanic's business must submit two (2) forms from other business owners engaged in the Elevator industry who can certify the applicant's practical experience. You may make copies of the form as needed.

A separate form must be completed for each reference you are submitting with your application for a license.

If performed outside of New Jersey, please explain the detailed work according to N.J.A.C. 13:44M-2.1

Signature of Notary Public

Please print clearly.	— Applicant —		
Name			
Street address	City	State	ZIP code
Telephone number (include area code)			
	Reference		
Name			
Company name			
Street address	City	State	ZIP code
Telephone number (include area code)			
The applicant noted above has made application for Licensing Board and has asked you to certify his/her		tor, and Escalator, and M	oving Walkway Mechanic's
1. How long have you known the applicar	nt? years		
2. The applicant has been employed in the	e Elevator Mechanic's busines	s for year	S.
This Affidavit mus	st be executed before a l	Notary Public.	
I, regard to the applicant is true to the best of my know	, swear or affirm that ledge and belief.	all of the information I	have provided herein with
Sworn and subscribed to before me this		Signature of reference	ce
day of			
Month	Year		
Name of Notary Public (please print)		Affix seal here	е