



Elevator Agency Director/Inspector Experience Verification Form

Applicant Name: _____
(print)

Company where Applicant was supervised: _____
(print)

APPLICANT INSTRUCTIONS

Please print your name and the name of the company for which you worked and give this form to **each** licensee or supervisor you have worked for during the timeframe you are claiming as qualifying experience.

SUPERVISOR/LICENSEE INSTRUCTIONS

This form **must** be completed by one of the Applicant's supervisor(s) that has personal knowledge of the Applicant's duties, responsibilities, and functions at the company. This form may be copied and completed by each supervisor the Applicant had at the company if necessary.

Please read and follow these directions before filling out the form:

- Answer **every** question or indicate **N/A** (not applicable) when the question does not apply to you or the Applicant.
- If you supervised the applicant at more than one company, please photocopy the blank verification form and fill out an additional form for each company.
- You may include additional information in the **Additional Comments** section, or you may attach additional pages if needed.
- Once completed, please give the **original** notarized verification form(s) to the Applicant.

**YOUR FAILURE TO RESPOND MAY RESULT IN THE APPLICANT'S DISQUALIFICATION
FOR THIS LICENSE AND/OR YOU ARE BEING REQUIRED TO RESPOND DIRECTLY
TO QUESTIONS FROM THE BUILDINGS SPECIAL INVESTIGATIONS UNIT.**

Supervisor Initials _____

Applicant's Name _____



EMPLOYER INFORMATION

Name (Supervisor): _____

Company Name: _____ Title: _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

Do you hold any **Professional** licenses, certifications, or registrations? Yes No

License Type & No.: _____ Issuing Agency: _____

License Type & No.: _____ Issuing Agency: _____

License Type & No.: _____ Issuing Agency: _____

APPLICANT'S EMPLOYMENT INFORMATION

Date(s) the applicant worked at this company (MM/DD/YY): *(use the comments sections if needed)*

A. Employed From _____ To _____

B. Employed From _____ To _____

Did you supervise the Applicant? Yes No

If no, how did you acquire the information to complete this verification?

Please list the Applicant's job title(s), dates held (month/year) and daily duties, if needed, use additional sheets of paper:

Job Title: _____ From _____ To _____

Daily Duties: _____

Job Title: _____ From _____ To _____

Daily Duties: _____

Supervisor Initials _____

Applicant's Name _____



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Is the applicant still employed with your company? Yes No

If 'NO' what was their reason for leaving? _____

QUALIFICATION INFORMATION

While at this company, did the applicant perform assembly, installation, repair, design, or inspection of elevators or perform work as an elevator mechanic? Yes No

Start Date (MM/YY): _____ End Date: _____

While at this company, did the applicant hold a supervisory title and supervise employees who were performing the assembly, installation, maintenance, repair, design, or inspection of elevators?

Yes No

Start Date (MM/YY): _____ End Date: _____

ADDITIONAL COMMENTS (if necessary):

I have voluntarily provided the above information regarding this applicant. I attest to the truthfulness of my statement and fully understand that this information is subject to verification by the appropriate City, State and Federal Agencies. I acknowledge that false statements made herein are punishable as a Class 'A' misdemeanor pursuant to section 210.45 of the NYS Penal Code.

Name (Supervisor): _____

Signature: _____ Date _____

STATE OF _____)

COUNTY OF _____) SS:

(AFFIX SEAL)

Sworn before me _____ this day of _____

(Notary Public)

Supervisor Initials _____

Applicant's Name _____