

Colorado Department of Labor and Employment Division of Oil and Public Safety – Conveyance Program 633 17th Street, Suite 500 Denver, CO 80202-3610 Phone: 303-318-8521 Fax: 303-318-8534 Email: cdle_conveyance@state.co.us Web: www.colorado.gov/ops

Conveyance Temporary Mechanic License Application

(Revised 12/14/2017)

The Licensed Contractor requesting Temporary Mechanic licenses must submit this application to OPS with the applicable fees (by check made payable to OPS) for all requested months of licensure.

Licensing Requirements

completed within the next year.

CET Program Course Outline

- Course blocks 1-4 and 9-12 should each be completed in two years or less.
 For example, if you have completed courses 1 and 2, courses 3 and 4 must be
- Courses 1 and 2 = Year 1
- Courses 3 and 4 = Year 2
- Courses 5, 6, 7 and 8 = Year 3
- Courses 9, 10, 11 and 12 = Year 4
- If you have completed courses 5, 6 and 7, course 8 must be completed within the next year.
 Upon completing course 12, all mechanics must provide proof that they have passed
 - the mechanic's final exam.

NEIEP Program Course Outline

• Any two courses from course category 100 through course category 800 = Year 1

• After completion of all courses, the mechanic must take the mechanic's final exam.

Applicant Information								
Mechanic Name	New or Renewal	OPS License # (Renewal Only)	License Type ¹	Current Status in Training Program		Date of Requested Licensure ²		Fee ³
				Year	Course	From 1 st	To last	(\$25/month)
						day of	day of	
							ļ	
Total Amount of Fees Due:								

¹Type 1 = Elevators, Escalators and Platform Lifts; Type 2 = Platform Lifts only; Type 3 = APM only

²All Temporary Mechanic licenses are valid for one month at a time beginning on the 1st day of the month in which work occurs. Licenses issued after the 1st of the month will still expire on the last day of the same month.

³Fees will not be prorated or refunded, but you may prepay for up to three months. Prepaid licenses will be renewed on the 1st day of the month and licenses will be issued.

Contact Information Complete this section for new applicants or to provide updated information. Address Email Address Mechanic Name Phone Number Street: City: State: ZIP: Street: City: State: ZIP: Certification As a representative of the Licensed Contractor, I affirm that the above listed applicants for new or renewed Temporary Mechanic licenses are qualified to perform work on specific types of conveyances, without direct supervision, pursuant to Section 4-1-2(2) of the <u>Conveyance Regulations</u>. I also affirm that the applicants are enrolled and continuously progressing in a program approved by OPS. I certify all statements are true to the best of my knowledge and that all work shall be performed according to the Conveyance Regulations. I understand that a local jurisdiction may require additional licensing. **Representative Name:** Contractor Name: Representative Date: Signature:

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