



Illinois Office of the State Fire Marshal
Division of Elevator Safety
555 West Monroe Street, Suite 1300-N
Chicago, IL 60661
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, 555 W. Monroe Street, Suite 1300-N, Chicago, IL 60661. **The Office will invoice you the \$75.00 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

Revised 09/21/2021

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.