



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER
 COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER



Ralph T. Hudgens, Commissioner
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www.oci.ga.gov

**SAFETY FIRE
 SAFETY ENGINEERING
 GID-328-SF DEC2015**

**Application For Examination For Certification Of
 Elevator Mechanic Class I R**

Full Name _____ Birthdate _____

Present Residence _____
 (Number, Street, City, State, Zip Code)

Employer Name _____

Employer Address _____
 (Number, Street, City, State, Zip Code)

1. EDUCATION					
Institutions Attended	Period of Attendance*				Degree(s) Received (M.E., E.E., C.E., etc.)
	From		To		
	From		To		
	From		To		
2. ELEVATOR SHOP EXPERIENCE, ENGINEERING EXPERIENCE, SPECIAL EDUCATION COURSES**					
Employer's Name	Period of Employment*				Employed as**
	From		To		
	From		To		
	From		To		
3. ELEVATOR INSTALLATION EXPERIENCE					
Employer's Name	Period of Employment*				Employed as**
	From		To		
	From		To		
	From		To		
4. ELEVATOR EXPERIENCE					
Employer's Name	Period of Employment*				Employed as**
	From		To		
	From		To		
	From		To		
5. ELEVATOR INSPECTION EXPERIENCE					
Employer's Name	Period of Employment*				Employed as**
	From		To		
	From		To		
	From		To		

*Give month and year of each period of employment **Explain on reverse side.

By signing, the applicant certifies the above information is correct and, further, agrees to abide by Georgia Board Bylaws (including appendices thereto).

Signature of Applicant _____ Date _____

FEE \$60	Address To Remit By Mail: Office Of Insurance And Safety Fire Commissioner Fire Safety Division - Safety Engineering P.O. Box 935467 Atlanta, GA 31193-5467	Address To Remit By Courier: Office Of Insurance And Safety Fire Commissioner Fire Safety Division - Safety Engineering P.O. Box 935467 Wells Fargo Lockbox Services 3585 Atlanta Ave., Hapeville, GA 30354
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Applicant's employer must complete the following and submit this application along with a copy.

On behalf of the applicant's employer, I hereby certify that the applicant possesses the education and experience indicated herein and satisfies the requirements of the Georgia Elevator Advisory Board.

Signature of Responsible Company Official _____ Title _____ Date _____

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CLASS 1R MECHANICS EXAM

The cost of the examination is sixty (60) dollars. This must be included with the request for examination.

This test will be a four (4) hour open book test with fifty (50) questions. The test will be based upon ANSI A10.4, 2007 Edition, ANSI A10.5 2006 National Electrical Code (NFPA 70), 2011 Edition, and the Georgia Elevator Law, Rules and Regulations. Each applicant must provide their own set of reference books.

The applicant must have a minimum of three years of experience and have the enclosed application filled out at the time of the test. The Georgia Elevator Law, Rules and Regulations are downloadable from our web site at www.oci.ga.gov

PROCEDURE FOR MECHANICS EXAM:

1. The mechanics exam shall be given at the Office of Insurance and Safety Fire Commissioner. The exam will be given quarterly, the third month, third week, starting January of each year. The exam will begin at 8:00 AM on the day of the exam.
2. The applicant will have to meet qualifications given in the State of Georgia Escalator and Elevator Rules.
3. Applicant must show valid ID along with a completed application to take the exam, signed by the employer.
4. The exam is on the current codes, standards and laws & rules adopted by the State of Georgia.
5. The minimum passing score is 70%. The allotted time is four (4) hours. The exam is multiple choice, but is subject to change by the department.