



STATE OF MARYLAND  
DEPARTMENT OF LABOR  
**ELEVATOR SAFETY REVIEW BOARD**  
100 SOUTH CHARLES STREET, TOWER 1  
BALTIMORE, MD 21201  
FAX: 410-244-0977  
TTY USERS CALL MARYLAND RELAY SERVICE  
E-MAIL: [dloplelevsafetyreview-labor@maryland.gov](mailto:dloplelevsafetyreview-labor@maryland.gov)

FOR OFFICE USE ONLY	
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Denied:	_____
Reg. No.	_____

**ACCESSIBILITY LIFT MECHANIC EMPLOYMENT VERIFICATION FORM**

**APPLICANT:** Employer must verify your work experience. Include copies of W2 Forms or other Forms. Duplicate form as needed.  
**EMPLOYER:** Please complete and return promptly to expedite the application process. This form is provided to you so you may verify the applicant's work experience as an Accessibility Lift Mechanic. Only the original signed certification will be accepted.

1. APPLICANT INFORMATION			
Last Name	First and Middle Name	Title	Social Security No.
Name of organization		Verifier Name/Title	Email address
Business address (street address, city, state, and zip code)		Business ( ) -	Fax ( ) -
Is this company still in business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you or did you supervise the applicant directly? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. EMPLOYER CERTIFICATION			
I hereby certify under penalty of perjury that the applicant is/was employed by this firm from _____ / _____ to _____ / _____ or <div style="text-align: center;">MM          YYYY          MM          YYYY</div> _____ / _____ to Present. <div style="text-align: center;">MM          YYYY</div>			
Signature: _____		Date: _____	
3. JOB DESCRIPTION (TO BE COMPLETED BY EMPLOYER)			
Experience must be related to erecting, constructing, wiring, altering, replacing, maintaining, repairing, dismantling, and servicing commercial stairway chair lifts, vertical platform lifts, or incline platform lifts under the direct supervision of a licensed elevator contractor. Please describe any special skills, training, or other qualifications of the applicant.			
4. APPLICANT CERTIFICATION			
I hereby certify, under penalty, that all information contained herein is true and correct to the best of my knowledge, information, and belief. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I further certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a satisfactory manner to the unit responsible for collection.			
Signature		Date (MM/DD/YY)	