



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Conveyance Program
 633 17th Street, Suite 500
 Denver, CO 80202-3610

Phone: 303-318-8526
 Fax: 303-318-8534
 Email: cdle_conveyance@state.co.us
 Web: www.colorado.gov/cdle/conveyances

CONVEYANCE TEMPORARY MECHANIC LICENSE APPLICATION

(REVISED 5/2013)

The [Conveyance Regulations](#) require that all conveyance mechanics be licensed by the Colorado Division of Oil and Public Safety (OPS). To be considered for licensing, the Licensed Contractor requesting the Temporary Mechanic licenses must submit this application form and the application fees for all months of requested licensure to OPS. Checks should be made payable to OPS and submitted with the application to the address listed above.

Applicant Information

Mechanic Name	OPS License Number	New* or Renewal?	License Type**	Months of Requested Licensure***		Fee Amount (\$25/month)
				From first day of:	To last day of:	

Total Amount of Fees Due:

*For new applicants, or those with updated contact information, please complete the Contact Information section below.

**License Types: Type 1 = Elevators and Escalators; Type 2 = Wheelchair Lifts; Type 3 = Automated People Movers

***All Temporary Mechanic Licenses are valid for 30 days beginning on the 1st day of the month in which work occurs. If the license is issued after the 1st of the month, it will expire on the last day of the same month. Fees will not be prorated or refunded, although multiple months may be paid for in advance. For pre-paid months, licenses will be renewed on the 1st of the month and license cards issued.

Contact Information (New Applicants or Updates Only)

Name	Address	City/State/ZIP	Email Address	Phone Number

Certification Information

As a representative of the Licensed Contractor, I affirm that the above listed applicants for Temporary Mechanic License Renewal and New Temporary Mechanic Licenses are qualified to perform work on specific types of conveyances, without direct supervision, pursuant to the Conveyance Regulations (7 CCR 1101-8 § 4-1-2(2)). I certify all statements are true to the best of my knowledge and that all work shall be performed according to the Conveyance Regulations (7 CCR 1101-8). I understand that a local jurisdiction may require additional licensing.

Contractor Representative Name:

Contractor Representative Signature:

Date: