



ELEVATOR INSTALLER/MECHANIC EXPERIENCE QUESTIONNAIRE

For the City of Buffalo Individual Elevator Installer/Mechanic s License as defined by Chapter 167, specifically section 167.7b – CITY OF BUFFALO CHARTER AND CODE.

Submitted by _____

By _____
Corporation _____ Co-Partnership _____ An Individual _____

Employer Name _____

The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

1. How many years have you and/or your organization been an elevator installer/mechanic individual and/or company? _____
2. How many years experience _____ in elevator installation/maintenance work do you and/or your organization have? (a) Attach education credits _____ (b) Attach NEIEP certificates (c) mechanics certificates _____ (d) will you complete City of Buffalo elevator installer exam? _____.

3. What elevator projects have you and/or your organization installed/maintained?
List Type Completion Customer Address
of Equip. Date Name

4. Have you and/or your organization ever failed to complete any work awarded? If so, where and why?

5. Have you and/or any officer or partners of your organization ever been an officer or partner of some other organization that failed to complete an elevator installation/maintenance contract? If so, state name of individual, other organization, and reason therefore.

6. In what other lines of business do you and/or your organization have financial interest?

7. For what corporations or individuals have you and/or your organization performed work, and who should be contacted for references?

8. For what municipalities have you and/or your organization performed work, and who should be contacted for references?

9. For what counties have you and/or your organization performed work, and who should be contacted for references?

10. For what state bureaus or departments have you and/or your organization performed work, and who should be contacted for references?

11. Have you and/or your organization ever performed work for the U.S. government? If so, who should be contacted for references?

12. [for companies]What is the elevator installation/maintenance experience of all principal individuals of you organization?

Individuals Name	Job Title	Years of Experience	Possession of NEIEP Certificate?	Date Issued & Certification #.
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13. Are you and/or any principal of this organization, corporation and/or partnership or a member of his immediate family employed by the City of Buffalo? _____ If yes, what department? _____
Name of City Employee _____.

ATTACH ALL APPLICABLE CERTIFICATES AND EDUCATION DOCUMENTATION IN ACCORDANCE WITH CHAPTER 167-7B WITH THIS APPLICATION

Dated this day _____ of _____ 20 _____.

Name of Individual and/or Organization

By: _____

Title of Person Signing

State of _____

County of _____ ss: _____

_____ being duly sworn deposes and says that he is _____

Name of Individual and/or Organization

And that answers to the foregoing questions and all statements therein contained are true and correct.

Sworn to me before this _____ day of _____ 20 _____

Notary Public

My Commission expires _____

Approved by the City of Buffalo Division of Licenses on _____

Authorized signature