APPLICATION FOR INSTALLATION OR ALTERATION PERMIT State Form 38299 (R6 / 5-16) Approved by State Board of Accounts, 2016 INSTRUCTIONS: 1. Please complete all applicable areas of the form.								DEPARTMENT OF HOMELAND SECURITY DIVISION OF FIRE AND BUILDING SAFETY DIVISION OF ELEVATORS / AMUSEMENTS 302 West Washington Street, Room E241 Indianapolis, IN 46204 Telephone: (317) 232-2670 Fax: (317) 232-6609 E-mail: elevamuse@dhs.in.gov Website: http://www.in.gov/dhs/2625.htm			
INSTRUCTION	2.	An applic If paying If paying	ation by ch by Vi	for an installation neck or money of isa or Master Ca	n or altera rder, make rd, complet	tion paya te th	permit for able to the e credit ca	e Fire and I ard paymen	Building Service t information sec	es Fund tion on	
								RTIFICAT			
675 IAC 12	2-3-14 R	egulated lit	ting	device permitting	and certifi	icatio	on fees A	uthority: IC	22-12-6-6; IC 22	2-13-2-1	13 Affected: IC 22-15-5
one	hundred	l twenty do	llars	(\$120) totaling th	nree hundre	ed se	eventy dol	lars (\$370)	for an operating	certifica	
movi	ing walk	, or dumbw	/aiter	evice, including e shall be accomp \$620) for an ope	panied by a	a pay	ment of fir	anlift, perso ve hundred	onnel hoist, mate dollars (\$500) p	erial lift, lus one	SPPE, automated people mover, hundred twenty dollars (\$120) totaling
B. Tem (For	porary c constru	onstructior ction use o	i peri <i>nly.</i>	nit for a regulate Renewable ever	y thirty (30) day	vs by letter	r and an ad	ditional payment	of one h	undred dollars (\$100). hundred dollars (\$100).)
Name of contra	ctor					APF	LICANT I	INFORMAT	ION	License	e number of contractor
	CIUI									LICENSE	
Address (numb	er and sti	reet, city, sta	te, ar	nd ZIP code)						I	
Telephone num	ber				Fax numbe	er				E-mail	address of contractor
()					()					
Name of owner											
Address (numb	er and sti	reet, city, sta	te, ar	nd ZIP code)							
Telephone num	ber				Fax numbe	er				E-mail	address of owner
()					()					
Name of user											
Address (numb	or and at	root oity oto	to or	d ZID code)							
Address (numb	er anu su	ieel, city, sta	le, al	ia zir code)							
Telephone num	ber				Fax numbe	er				E-mail	address of user
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							TYPE OF	FPERMIT			
TYPE OF P		· 🗆 Ir	otal	lation	Alteratior	`	ΠTe	emporary	Operation	State n	umber
		. ⊔ "	Islai		Alleration	1		mporary	operation		
TYPE OF UN				Belted manlift			Special p				Vertical wheelchair lift
Passen	-			Dumbwaiter			Moving s				Incline wheelchair lift
Freight			Ц	Escalator				ed people r	nover		Incline chair lift
Hydraul				Material Lift			Roped H				LULA (limited use limited access)
Electric				Personnel hoist			MRL (ma		n LESS elevator)		
Device capacity	,			Contract speed			FPM	Number of	TIOOTS		Total travel of device
Platform size				Contract number				Type of co	ntrol		
PROPOSED				STING EQUIPM							
+											

AFFIRMATION OF THE OWNER

I, the owner, or authorized officer of the owner, of the building in which the regulated lifting device is being installed or altered hereby affirm under penalties for perjury that:

- 1. This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.
- 2. The regulated lifting device will be installed or altered in accordance with all applicable rules adopted by the commission and will not be changed from the design specified in the plans and specifications submitted with the application and released by the office.
- 3. The contractor responsible for the installation or alteration of the regulated lifting device was chosen under my direction and to the best of my knowledge and belief, after exercising due diligence, has the expertise necessary to install or alter the regulated lifting device in accordance with the rules adopted by the commission.

4. I hereby grant the authority to and require all individuals employed by either the contractor or the owner to immediately suspend the operation of the regulated lifting device upon discovering a condition that could result in the unsafe operation of the regulated lifting device, and to report the discovery of such a condition to the office.

5. I understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000.

Signature of owner or authorized officer of the owner		Date of signature (month, day, year)
Printed name	Position with organization	
Name of organization		

AFFIRMATION OF THE CONTRACTOR

	the contractor, or authorized officer of the contractor, responsible for the ir enalties for perjury that:	nstallation or alteration of th	ne regulated lifting device hereby affirm under			
1.	This document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.					
2.	2. The regulated lifting device will be installed or altered in accordance with all applicable rules adopted by the commission and will not be changed from the design specified in the plans and specifications submitted with the application and released by the office.					
	 All individuals installing or altering the regulated lifting device. A. have sufficient background, knowledge, skills and training to install or alter, inspect, and maintain the regulated lifting device; B. have the training and expertise necessary to recognize and report any condition that could result in the unsafe operation of the regulated lifting device. C. are provided with sufficient on-going training to reasonably ensure that the individuals are proficient in the standards affecting regulated lifting devices that have been adopted by the commission; and D. possess the requisite authority and are required to immediately suspend the operation of the regulated lifting device upon discovering a condition that could result in the unsafe operation of the regulated lifting device, and to report the discovery of such a condition to the office. I understand that providing false information constitutes an act of perjury, which is a Class D felony punishable by a prison term and a fine of up to \$10,000. 					
Sign	ature of contractor or authorized officer of the contractor		Date of signature (month, day, year)			
Printe	ed name	Position with organization				
Nam	e of organization	1				

FOR OFFICE USE ONLY					
Application fee	Date fee paid (month, day, ye	ar)	Receipt number		
Permit number		Date issued (month, day, yea	ar)		

APPLICATION FOR INSTALLATION OR ALTERATION PERMIT CREDIT CARD PAYMENT INFORMATION

Part of State Form 38299 (R6 / 5-16)

Approved by State Board of Accounts, 2016

This application must include payment of the permit fee of \$ If paying by Visa or Master Card, please complete the following information: (amount)					
PLEASE NOTE: There will be a convenience fee of 2.25% for all credit card transactions.					
Full name on credit card					
Billing address (number and street, ci	ty, state, and ZIP code)		Telephone number		
Type of credit card <i>(check one)</i>	Account number		Date of expiration (month, year)		
CVV2 number (last three (3) digits of a	the number in the signature block on the back of the card)	Amount to be charged			
By signing this form, Cardmember agrees to the obligations set forth by the Cardmember's Agreement with the card issuer.					
Signature			Date (month, day, year)		