

DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE & BUILDING SAFETY
DIVISION OF ELEVATORS

402 West Washington Street, Room W246
Indianapolis, Indiana 46204
Telephone: (317) 232-2670
Fax: (317) 232-6609
www.in.gov/dhs/fire/branches/mechanical/elevators_amusement.html

Attach additional pages as needed to complete this application.

1. APPLICAN	T INFORMATION			
Name Title				
Name of organization		E-mail address		
Work address (number and street, city, state, and ZIP code)		Telephone number		
		()		
2. PROOF OF ELIGIBILITY				
You, the applicant, must submit the following: Proof showing that you have at least five (5) years of documented Indiana work experience in the construction, maintenance, service, and repair of elevators. Documentation showing that you have successfully completed NAEC Certified Elevator Technician (CET) exam or NEIEP Elevator Mechanic's exam. If you hold an elevator contractor license issued by another state, you may be eligible to obtain an Indiana Elevator Contractor License by reciprocity. Contact the Division of Elevators if you are licensed as an Elevator Contractor in another state.				
3. PROOF OF INSURANCE				
You, the applicant, must submit the following (check applicable box):				
☐ Certificate of Insurance that complies with the requirements of IC 22-15-5-14.				
Documentation showing that you are employed as an elevator contractor for the state of Indiana, an Indiana municipality, an Indiana county, or an Indiana educational institution (as defined by IC 20-12-0.5-1).				
4. PROOF OF WORKER'S COMPENSATION COVERAGE				
You, the applicant, must submit the following: □ Proof demonstrating that you are covered by worker's compensation under IC 22-3-2-5.				
5. CRIMINAL HISTORY				
Have you ever been charged or convicted of a crime other than a minor traffic violation? (check one) ☐ Yes ☐ No				
If the answer to the above question is yes, you must submit the following information with the application:				
Each address at which you have resided during the past five (5) years.				
2. A current criminal history from every state in which you have resided during the past five years. In Indiana, and from every state in which you have been charged or convicted of a crime (other than a minor traffic violation). A limited criminal history can be obtained from the Indiana State Police (see http://www.in.gov/isp/lch/).				
3. Certified copies of all charging instruments from any case in which you have been charged with a crime. This includes, but is not limited to, any probable cause affidavits.				
 Certified copies of any order regarding the final disposition from any in which you have been charged with a crime. This includes, but is not limited to, any plea agreements and sentencing orders. 				
5. If you were ever assessed any periods of probation, a letter detailing your satisfactory completion of all court-imposed requirements from all involved probation officers.				
6. If you have ever been or are certified or licensed as an elevator professional in another state and that state has taken an action to revoke, suspend or otherwise limit your certification or license, include copies of all documents detailing the cause of the action and the final disposition of the action.				
6. APPLICATION FEE				
You must include payment of the \$500 license fee with this application. If paying by check or money order, make it payable to the Fire and Building Services Fund. If paying by <i>Visa</i> or <i>MasterCard</i> , complete the Credit Card Payment form on page 2.				
A check or money order for \$500 is enclosed.				
☐ Payment will be made by Visa or MasterCard. I have completed and enclosed the Credit Card Payment form.				
7. AFFIRMATION				
I hereby affirm under penalty of perjury that all of the information provided with this application is true to the best of my knowledge.				
Signature		Date (month, day, year)		

APPLICATION FOR ELEVATOR CONTRACTOR LICENSE - INDIVIDUAL (continued)

State Form 52334 (R2 / 12-08) Approved by State Board of Accounts, 2008

The application must include payment of the license fee of \$500. If paying by Visa or MasterCard, complete the following information.

CREDIT CARD PAYMENT			
Full name on credit card			
Dilling address (number and street air	the state and ZID eads)	Talambana numbar	
Billing address (number and street, cit	ly, state, and zir code)	Telephone number	
Type of credit card (check one)	Account number	Date of expiration (month, year)	
☐ Visa ☐ MasterCard			
CVV2 number (last three (3) digits of the number in the signature block on the back of the card)			
By signing, Cardmember agrees to the obligations set forth by the Cardmember's Agreement with the issuer.			
Signature		Date (month, day, year)	