



# APPLICATION FOR ELEVATOR CONTRACTOR LICENSE - INDIVIDUAL

State Form 52334 (R3 / 5-16)  
Approved by State Board of Accounts, 2016

DEPARTMENT OF HOMELAND SECURITY  
DIVISION OF FIRE AND BUILDING SAFETY  
DIVISION OF ELEVATORS / AMUSEMENTS  
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Attach additional pages as needed to complete this application.

## 1. APPLICANT INFORMATION

Name		Title
Name of organization		
Work address (number and street, city, state, and ZIP code)		
Telephone number (     )	E-mail address	

## 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?  Yes  No

If the answer to the above question is yes, the following information needs to be submitted with the application:

- (1) 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 (5) 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.
- (4) 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

675 IAC 12-3-15 Regulated lifting device professional licensing fees Authority: IC 22-12-6-6; IC 22-13-2-13 Affected: IC 22-15-5

The application must include payment of the license fee of \$500. If paying by check or money order, make it payable to the Fire and Building Services Fund. If paying by Visa or Master Card, complete the credit card payment information section on page 2.

(Check one.)

- A check or money order for \$500 is enclosed.
- Payment will be made by Visa or Master Card and the credit card payment information section has been completed and is enclosed.

## 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 and belief.

Signature	Date (month, day, year)
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## FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number
License number	Date issued (month, day, year)	

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CREDIT CARD PAYMENT INFORMATION**

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This application must include payment of the permit fee of \$500. If paying by Visa or Master Card, please complete the following information:

**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, city, state, and ZIP code*)

Telephone number  
(      )

Type of credit card (*Check one.*)  
 Visa       Master Card

Account number

Expiration date (*month, year*)

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*)