



ELEVATOR MECHANIC TEMPORARY RENEWAL LICENSE APPLICATION

State Form 52378 (R / 5-16)
Approved by State Board of Accounts, 2016

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>



Attach additional pages as needed to complete this application.

1. APPLICANT INFORMATION

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

2. 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.

3. APPLICANT 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 \$100. If paying by check or money order, make it payable to the Fire and Building Services Fund. If paying by Visa or MasterCard, complete the credit card payment information section on page 2.
(Check one.)

A check or money order for \$100 is enclosed.
 Payment will be made by Visa or MasterCard and the credit card payment information section has been completed and is enclosed.

4. CERTIFICATION AND AFFIRMATION BY LICENSED ELEVATOR CONTRACTOR

Name of licensed contractor		State license number
Name of organization		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	E-mail address	
I hereby certify that I, as a licensed elevator contractor, am unable to secure, despite my best efforts, licensed elevator mechanics to perform construction, maintenance, or service and repair of elevators. 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)

5. AFFIRMATION BY APPLICANT

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)

FOR OFFICE USE ONLY

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

ELEVATOR MECHANIC TEMPORARY RENEWAL LICENSE APPLICATION
CREDIT CARD PAYMENT INFORMATION

Part of State Form 52378 (R / 5-16)
Approved by State Board of Accounts, 2016

This application must include payment of the permit fee of \$100. 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*)