



ELEVATOR MECHANIC TEMPORARY LICENSE APPLICATION

State Form 52379 (R / 5-16)
Approved by State Board of Accounts, 2016

**DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
DIVISION OF ELEVATOR SAFETY**

302 West Washington Street, Room E241
Indianapolis, IN 46204
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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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the answer to the above question is yes, the following information needs to be submitted with the application:	
<ol style="list-style-type: none"> (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.	
<input type="checkbox"/> A check or money order for \$100 is enclosed. <input type="checkbox"/> 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, and that:	
(A.) I am unable to secure, despite my best efforts, licensed elevator mechanics to perform construction, maintenance, or service and repair of elevators;	
(B.) The individual to receive the temporary elevator license possesses sufficient documented experience and education to perform elevator construction, maintenance, or service and repair.	
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.	
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)	

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CREDIT CARD PAYMENT INFORMATION**

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The application must include payment of the license fee of \$100. If paying by Visa or MasterCard, 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

ZIP code

Type of credit card (Check one.)

Visa

MasterCard

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)