



ELEVATOR CONTRACTOR LICENSE FOR AN INDIVIDUAL RENEWAL APPLICATION

State Form 52380 (R2 / 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: rides@dhs.in.gov
Website: <http://www.in.gov/dhs/2625.htm>

Attach additional pages as needed to complete this application.

1. APPLICANT INFORMATION		
Name	Contractor number	Title
Name of organization		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	E-mail address	
2. PROOF OF COMPLETION OF CONTINUING EDUCATION		
<input type="checkbox"/> Submit documentation proving completion of at least eight (8) hours of continuing education attended and completed with one (1) year before a license renewal. At a minimum this documentation shall include: <ol style="list-style-type: none"> (1) the date(s) the continuing education was taken; (2) the name of the provider of each course; (3) the name of the instructor for each course; the name of the course(s); and proof that you attended this course For this continuing education to be accepted, the Department must have approved the continuing education provider(s), the instructor(s) and the curriculum(s).		
3. PROOF OF INSURANCE		
One of the following must be submitted: <i>(Check applicable box)</i>		
<input type="checkbox"/> Certificate of Insurance that complies with requirements of IC 22-15-5-14. <input type="checkbox"/> Documentation showing that you are employed as an elevator contractor for the state of Indiana, an Indiana municipality, an Indiana county, or an Indiana education institution (as defined by IC 20-12-0.5-1).		
4. PROOF OF WORKMAN'S COMPENSATION COVERAGE		
<input type="checkbox"/> Proof demonstrating that you are covered by worker's compensation under IC 22-3-2-5 must be submitted.		
5. 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 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. 		
6. 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 \$500. 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 \$500 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.		
7. 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 \$500. 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		Telephone number ()
Billing address (number and street)		
City	State	ZIP code
Type of credit card (Check one.) <input type="checkbox"/> Visa <input type="checkbox"/> 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)