



APPLICATION FOR ELEVATOR MECHANIC LICENSE

State Form 52472 (R3 / 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
 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	Date of birth (month, day, year)
Name of organization		
Work address (number and street, city, state, and ZIP code)		
Home 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:
1. Documentation showing one (1) of the following:
<input type="checkbox"/> You have at least three (3) years of documented work experience in the elevator industry in construction, maintenance, and service or repair; or
<input type="checkbox"/> You have at least eighteen (18) months experience in the elevator industry in construction, maintenance, and service and repair and have at least three (3) years experience in a related field that is certified by a licensed elevator contractor.
2. Documentation showing the following:
<input type="checkbox"/> You have successfully completed NAEC Certified Elevator Technician (CET) Exam.
<input type="checkbox"/> You have successfully completed NEIEP Elevator Mechanic's Exam.

3. 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:
(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.

4. 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.

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*)