



PARTNERSHIP OR LIMITED PARTNERSHIP ELEVATOR CONTRACTOR LICENSE APPLICATION

State Form 52475 (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
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 of Partnership or Limited Partnership		
Address (number and street)		
City	State	ZIP code
Name of contact		Title
Telephone number ()	E-mail address	

2. TYPE OF ENTITY
The applicant is one of the following (Check applicable box): <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership

3. PROOF OF ELIGIBILITY
Include the name, business address, telephone number, and electronic mail address of every partner (for a partnership) or every general partner (for a limited partnership) who holds a valid elevator contractor license issued by Indiana.

4. PROOF OF INSURANCE
Certificate of Insurance that complies with requirements of IC 22-15-5-14.

5. PROOF OF WORKMAN'S COMPENSATION COVERAGE
Proof demonstrating that you are covered by worker's compensation under IC 22-3-2-5 must be submitted with the application.

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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CONTRACTOR LICENSE APPLICATION**

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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 (<i>number and street</i>)		
City	State	ZIP code
Type of credit card (<i>Check one.</i>) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Account number	
Expiration date (<i>month/year</i>)	CVV2 Number (<i>Last three (3) digits of the number in the signature block on the back of the card.</i>)	
By signing, Cardmember agrees to the obligations set forth by the Cardmember's Agreement with the issuer.		
Signature		Date (<i>month, day, year</i>)