



**CORPORATION OR EDUCATIONAL INSTITUTION
ELEVATOR CONTRACTOR LICENSE
APPLICATION**

State Form 52473 (R2 / 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 of corporation or educational institution	
Address (number and street, city, state, and ZIP code)	
Name of contact person	Title
Telephone number ()	E-mail address

2. TYPE OF ENTITY

The applicant is one of the following (check applicable box):

Corporation Educational institution (as set forth in IC 20-12-0.5-1)

3. INDIVIDUAL CORPORATE CONTRACTOR

Name of individual corporate contractor	Individual corporate contractor number
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4. RESIDENT AGENT

Name of resident agent
Address (number and street, city, state, and ZIP code)

5. PROOF OF ELIGIBILITY

Include the name, business address, telephone number, and e-mail address of every partner (for a partnership) or every general partner (for a limited partnership) who hold a valid elevator contractor license issued by the State of Indiana.

6. PROOF OF INSURANCE

Submit one of the following (check applicable box):

Certificate of insurance that complies with the requirements of IC 22-15-5-14

Documentation showing that the applicant is an Indiana educational institution (as defined by IC 20-12-0.5-1)

7. PROOF OF WORKER'S COMPENSATION COVERAGE

You must submit proof with this application demonstrating that you are covered by worker's compensation under IC 22-3-2-5.

8. APPLICATION 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

This 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.
(Check one.)

A check or money order for \$500 is enclosed.

Payment will be made by Visa or MasterCard and the credit card payment information section has been completed and is enclosed.

9. AFFIRMATION

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)
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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**

Part of State Form 52473 (R2 / 5-16)
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This application must include payment of the permit fee of \$500. 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*)