CORPORATION OR EDUCATIONAL INSTITUTION ELEVATOR CONTRACTOR LICENSE APPLICATION

State Form 52473 (R / 11-13)
Approved by State Board of Accounts, 2013

DEPARTMENT OF HOMELAND SECURITY
DIVISION OF FIRE AND BUILDING SAFETY
DIVISION OF ELEVATORS
402 West Washington Street, Room W246
Indianapolis, IN 46204
Telephone: (317) 232-0146
Fax: (317) 232-6609
www.in.gov/dhs/fire

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

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

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 form.
(Check one.)

☐ A check or money order for $500 is enclosed.
☐ Payment will be made by Visa or MasterCard and the completed Credit Card Payment form 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)*