



# PARTNERSHIP OR LIMITED PARTNERSHIP ELEVATOR CONTRACTOR LICENSE RENEWAL APPLICATION

State Form 52476 (R / 5-16)  
Approved by State Board of Accounts, 2016

DEPARTMENT OF HOMELAND SECURITY  
DIVISION OF FIRE AND BUILDING SAFETY  
DIVISION OF ELEVATOR SAFETY  
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**Attach additional pages as needed to complete this application.**

|  |                |                           |  |
|--|----------------|---------------------------|--|
| <b>1. APPLICANT INFORMATION</b>            |                |                           |  |
| Name of Partnership or Limited Partnership |                | Contractor license number |  |
| Address ( <i>number and street</i> )       |                |                           |  |
| City                                       | State          | ZIP code                  |  |
| Name of contact                            |                | Title                     |  |
| Telephone number<br>(     )                | E-mail address |                           |  |

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

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

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| <b>4. PROOF OF INSURANCE</b>   |
| Certificate of Insurance that complies with requirements of IC 22-15-5-14. |

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

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| <b>6. APPLICANT FEE</b>   |
| 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.<br>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.<br><input type="checkbox"/> A check or money order for \$500 is enclosed.<br><input type="checkbox"/> Payment will be made by Visa or MasterCard and the Credit Card Payment Information Section has been completed and is enclosed. |

|  |                                  |
|--|----------------------------------|
| <b>7. AFFIRMATION BY APPLICANT</b>   |                                  |
| 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 ( <i>month, day, year</i> ) |

| FOR OFFICE USE ONLY |   |                |
|---------------------|---|----------------|
| Application fee     | Date fee paid ( <i>month, day, year</i> ) | Receipt number |
| License number      | Date issued ( <i>month, day, year</i> )   |                |

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CONTRACTOR LICENSE RENEWAL 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<br>(      ) |
| Billing address (number and street)   |   |                              |
| City  | State   | ZIP code                     |
| Type of credit card (Check one.)<br><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)      |