

Division of Fire & Building Safety Division of Elevator Safety 402 West Washington Street, W246 Indianapolis, IN 46204

> http://www.in.gov/dhs/fire fax: (317)232-6609 (317)232-0146

ATTACH ADDITIONAL PAGES AS NEEDED TO COMPLETE THIS APPLICATION

1. APPLICANT INFORMATION					
Name:		I#	Title:		
Organization Name:	E-mail:				
Address:		Telephone Nu	mber:		
City:	State:		ZIP Code:		
2. PROOF OF COMPLETION OF CONTINUING EDUCATION					
☐ Submit documentation proving completion of at leas been attended and completed within one (1) year before the date(s) the continuing education was taken; (2) the reach course, the name of the course(s); proof that you a the Department must have approved the continuing	a license renewal. name of the provident ttended this course	At a minimum thier of each course; (For this continu	s documentation shall include: (1) (3) the name of the instructor for ing education to be accepted,		
3. PROOF OF ELIGIBILITY					
The following must be submitted:					
☐ Proof showing that you meet the requirements set forth in ASME National Standard QEI-1.					
4. PROOF OF INSURANCE					
One of the following must be submitted: (<i>check applicable box</i>):					
☐ Certificate of Insurance that complies with the requirements of IC 22-15-5-14. ☐ Documentation showing that you are employed as an elevator inspector for the state of Indiana, an Indiana municipality, an Indiana county, or an Indiana educational institution (as defined by IC 20-12-0.5-1).					
5. CRIMINAL HISTORY					
Have you ever been charged or convicted of a crime other than a minor traffic violation?					
☐ Yes ☐ No					
If the answer to this question is yes, it is possible that you made regarding your application.	will be requested	to submit addition	al information before a decision is		
6. APPLICATION FEE					
The application must include payment of the license fee of \$100. If paying by check, include a check made payable to the Fire and Building Services Fund. If paying by <i>Visa</i> or <i>MasterCard</i> , complete the information on the credit card form.					
7. AFFIRMATION					
I hereby affirm under penalty of perjury that all of the inf knowledge:	ormation provided	with this applicati	on is true to the best of my		
Signature:	Date:				

ELEVATOR INSPECTOR LICENSE RENEWAL APPLICATION CREDIT CARD PAYMENT

The application must include payment of the license fee of \$100. If paying by *Visa* or *MasterCard*, complete the following information:

Full Name on Credit Card:					
Billing Address	Street:				
	City:	State	ZIP Code		
	Phone Number:				
	Credit Card (check one):	Visa MasterCard			
Account Number:		Expiration Date (mor	nth/year):/		
CVV2 Number (last 3 digits of the number in the signature block on the back of the card):					
	r agrees to the obligations set r's Agreement with the issuer.	Signature			