



ELEVATOR INSPECTOR LICENSE RENEWAL APPLICATION

State Form 52471 (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		Title
Name of organization		Identification number
Address (number and street)		
City	State	ZIP code
Telephone number ()	E-mail address	

2. PROOF OF COMPLETION OF CONTINUING EDUCATION
<input type="checkbox"/> Submit documentation proving completion of at least eight (8) hours of continuing education. This continuing education must have been attended and completed within one (1) year before a license renewal. At a minimum this documentation shall include: (1) the date(s) the continuing education was taken; (2) the name of the provider of each course; (3) the name of the instructor for each course, the name of the course(s); proof that you attended this course. For this continuing education to be accepted, the Department must have approved the continuing education provider(s), the instructor(s) and curriculum(s).

3. PROOF OF ELIGIBILITY
The following must be submitted:
<input type="checkbox"/> 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>
<input type="checkbox"/> Certificate of Insurance that complies with requirements of IC 22-15-5-14.
<input type="checkbox"/> Documentation showing that you are employed as an elevator contractor for the state of Indiana, an Indiana municipality, an Indiana county, or an Indiana education 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer the above question is yes, it is possible that you will be requested to submit additional information before a decision is made regarding your 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 \$100. 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 \$100 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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CREDIT CARD PAYMENT INFORMATION

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The application must include payment of the license fee of \$100. 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 (number and street)		
City	State	ZIP code
Type of credit card (Check one.) <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)