



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P O Box 12157 · Austin, Texas 78711
(800) 803-9202 · (512) 463-6599 · FAX (512) 475-2871
www.tdlr.texas.gov · cs.elevators.escalators@tdlr.texas.gov

TEXAS ELEVATOR CONTRACTOR REGISTRATION APPLICATION INSTRUCTIONS

AN APPLICATION IS NOT CONSIDERED COMPLETE AND UNTIL ALL ITEMS HAVE BEEN SUBMITTED AS REQUIRED.

GENERAL INSTRUCTIONS

The application must be completed and signed by the applicant. All information provided must be typed or clearly printed in black ink using upper case letters. Attachments must be submitted on separate pieces of single-sided, 8½" x 11" plain paper. Please use a paperclip to fasten all pages together, with the check or money order on top. **Do not use staples, use only plain paper.**

BUSINESS NAME – Full name the business is operating under. (40 characters maximum)

TELEPHONE NUMBER – Write the area code and telephone number of the business.

FAX NUMBER – Write the area code and fax number of the business.

FEDERAL ID NUMBER – Provide the federal ID number that is used by the business.

MAILING ADDRESS – This is the address to which the Department will mail your correspondence. Indicate the number and street, or post office box of your mailing address.

BUSINESS PHYSICAL ADDRESS – This address is the actual location of the business. If this address is the same as your mailing address, you may write SAME. A post office box will not be accepted as a physical address.

CONTACT INFORMATION

CONTACT NAME & TITLE – Please write your name and title in the spaces provided.

MAILING ADDRESS – Provide the mailing address to be used for all correspondence.

TELEPHONE NUMBER - Write the area code and telephone number of the contact person. If this number is the same as the business number, you may write SAME.

E-MAIL ADDRESS – Write the e-mail address of the contact person. The Department will add this address to the elevator e-mail list, which provides information from the Department on matters affecting the elevator program. The e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

BUSINESS STRUCTURE

Indicate in the box provided how the business is organized. Check only one.

INSURANCE

You must attach proof of the minimum liability insurance required by law and rule.

LIABILITY INSURANCE

Elevator contractors are required to maintain at least the minimum general liability insurance coverage at all times to satisfy proof of financial responsibility. The insurance must be:

- (1) at least \$1,000,000 per occurrence of bodily injury or death, and
- (2) at least \$500,000 per occurrence of property damage

Proof of the required general liability insurance may be submitted on an industry standard certificate of insurance *ACORD* form or on a certificate of insurance form approved by the Texas Department of Insurance. The certificate of insurance must contain a 30 day cancellation notice to TDLR as required under Rule 74.40. Insurance must be obtained from an insurance provider authorized to sell general liability insurance in Texas pursuant to the Texas Insurance Code.

Responsible Party Designee

To designate a responsible party for the contractor application you will need to complete the **Responsible Party Designee application**.

FEES

The fee for this application is **\$115**. All fees are non-refundable. Please send check or money order for the total amount due, payable to TDLR. Mail fees, application and documents to: TDLR, P O BOX 12157, AUSTIN, TX 78711.

CONTRACTOR SIGNATURE

Before you sign, carefully read the statement at the bottom of the application. Be aware that information provided on this application and any attachments are subject to audit. Providing false information may result in revocation or denial of this license and the imposition of administrative penalties.

Sign the application, print your legal name and date the application. The owner may be an officer of the business.

Please remember that the application must be completed in black ink and all attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together. Do not use staples. Any deviation from these instructions may delay the processing of your application.

Documents submitted with the application will not be returned. Keep a copy of the completed application, all attachments and your check. Do not submit forms that are not required.



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Elevator Contractor Registration Application

Pursuant to Chapter 754, Health and Safety Code, Elevators, Escalators, and Related Equipment

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 6 columns: FEE, RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: Application Fee, [blank], 02115, \$115.00, [blank], [blank]

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK. IF ALL REQUIREMENTS FOR REGISTRATION ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.

1. Business Name:

2.

Telephone: () Fax: ()

3.

Federal ID Number:

4. Mailing Address: (P O Box is allowed for this address)

Number, Street, Suite No., Apt. No. City State Zip Code

5. Business Address: (P O Box is NOT allowed for this address)

(Physical Location) Number, Street, Suite No., Apt. No. City State Zip Code

6. Contact Information: (Used for All Correspondence) (P.O. Box is allowed for this address.)

Name: Title:

Mailing Address: Number, Street, Suite No., Apt. No. City State Zip Code

Telephone: () Email Address: (See Note on page 2)

7. Business Structure:

- Sole Proprietorship, Corporation, Partnership, Limited Liability Company, Limited Liability Partnership, Other (attach a description)

This form consists of 2 pages.

8. General Liability Insurance:

Elevator contractors are required to satisfy proof of financial responsibility by maintaining general liability insurance coverage as stated below:

- (1) **at least** \$1 Million per occurrence of bodily injury or death
- (2) **at least** \$500,000 per occurrence of property damage

A certificate of insurance must be attached to this application. See instructions for additional information.

NOTICE REGARDING APPLICABLE FEES

9. If you submit an insufficient fee amount with this application, it may be returned to you. All fees are required to be submitted with the application. A license fee of **\$115.00** is required. **Application fees are non-refundable.**

Statement of Contractor

10. I certify that I will maintain the required insurance and I will comply with all applicable provisions of Texas Health and Safety Code, Chapter 754, Texas Elevators, Escalators, and Related Equipment; Texas Occupations Code, Chapter 51; and 16 Texas Admin Code, Chapters 60 and 74. I understand that providing false information on this application may result in revocation or denial of the license I am requesting and the imposition of administrative penalties. I certify that prior to beginning the installation or alteration of regulated equipment at any location, I shall submit and have approved an application and detailed plans describing the installation or alteration.

Contractor Print Name _____ **Date** _____

Contractor Signature _____

Note: The Department will add your email address to the Elevators, Escalators, and Related Equipment email notification list, which automatically provides information from the Department on matters affecting Elevators. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public.

See additional information at the following link: <http://www.tdlr.texas.gov/newsletters/TDLRnotificationlists.asp>.