



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

Texas Elevator Inspector

Pursuant to Chapter 754, Health and Safety Code

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	Event Code	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Registration Fee		02015	\$50.00		

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

IF ALL REQUIREMENTS FOR REGISTRATION ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED

1. Applicant's Full Name:

Last First Middle

2. Social Security No.:

Note: Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders. Failure to provide the SSN will prevent a registration from being issued and could ultimately lead to termination of the application.

3. Date of Birth:

____ - ____ - ____
Month Day Year
Must be 18 years old.

4. Sex:

F M
(circle one)

5. Business Name (s):

 Use additional pages if necessary.

Attach proof of registration of name.

6. Business Location:

 STREET ADDRESS MUST BE DESIGNATED BELOW. (A license will not be issued to a PO box only.)

Number, Street, Suite No., Apt. No.

City State Zip Code (____) Area Code Phone Number

7. Mailing Address and Contact Information:

 (Used for All Correspondence) (PO Box is allowed for this address.)

Number, Street, Suite No., Apt. No. or P.O. Box

City State Zip Code (____) Area Code Phone Number
FAX Number: (____) _____
Area Code Phone Number Email Address (johndoe@aol.com for example)

8. (a) Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation?

Yes ____ No ____

(b) Have you had a license, certification or registration suspended, revoked or denied in any state?

Yes ____ No ____

If the answer to (a) or (b) is YES, submit copies of all indictments, information, judgments, orders and charges, as well as a detailed written explanation of the relevant events.

9. Certification Number: _____ Issue Date: _____ Expiration Date: _____

STATEMENT OF APPLICANT

I CERTIFY THAT I HAVE READ AND WILL ABIDE BY THE ELEVATOR ACT AND THE TEXAS DEPARTMENT OF LICENSING AND REGULATION RULES, TITLE 16, TEXAS ADMINISTRATIVE CODE, CHAPTER 74 (THE RULES). UPON REQUEST OF THE DEPARTMENT, I AGREE TO MAKE AVAILABLE ALL RECORDS REQUIRED BY THE ACT.

By signing this application, I certify all information submitted on this and attached forms is true and accurate.

Date Signed

Signature of Applicant

Important Notice Regarding Your Application

1. **If you submit an insufficient fee amount with this application, or submit an outdated application form, it may be returned to you.** To verify the correct form version and required fees, consult the TDLR website (www.tdlr.texas.gov) or contact TDLR using the information at the top of the first page.
2. The fee for registration as an Elevator Inspector is **\$50.00**. Submit one check or money order in the amount of **\$50.00 payable to TDLR** with this application.
3. ALL data requested on this application form must be completed.
4. This application must be signed and dated by the applicant.
5. A copy of both sides of the applicant's ANSI Certification Card must be submitted with this application.
6. If you wish to order Test Tag Kits please return the Elevator Test Tag Purchase Form with the appropriate fee.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the Texas Department of Licensing & Regulation website at tdlr.texas.gov or reach Customer Service via webform where you can submit your request for assistance and include attachments needed at <https://www.tdlr.texas.gov/help> or (800) 803-9202 [in state only], (512) 463-6599, Relay Texas-TDD: (800) 735-2989 or Fax: (512) 463-9468. Customer Service Representatives are available Monday through Friday 7:00 a.m. until 6:00 p.m. Central Time (excluding holidays).