



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

TEXAS ELEVATOR CONTRACTOR REGISTRATION APPLICATION INSTRUCTIONS

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

APPLICATION FEE: \$115 (FEE IS NON-REFUNDABLE)

The application must be completed and signed by the applicant.

1. **BUSINESS NAME** – Full name the business is operating under. (40 characters maximum)
 - If there is more than one business name, an assumed name certificate is required. If your business is incorporated, contact the Texas Secretary of State's office for a certificate. If your business is not incorporated, contact your local county clerk's office. NOTE: The certificates are not required by TDLR. This is only required for your records.
 - List the full assumed names or DBA's for this business on the certificate of liability Insurance form. The name or assumed business name on the certificate of liability must match the name on the application.
 - Assumed names will NOT print on the actual license.
 - All business names will be listed on the TDLR website.
2. **TELEPHONE NUMBER** – Provide the area code and telephone number of the business.
3. **FEDERAL ID NUMBER** – Provide the federal ID number that is used by the business.
4. **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.
5. **BUSINESS PHYSICAL ADDRESS** – This address is the actual location of the business. If this address is the same as your mailing address, you may indicate SAME. A post office box will not be accepted as a physical address.
6. **CONTACT NAME & TITLE** – Please provide your name and title in the spaces provided.
7. **MAILING ADDRESS** – Provide the mailing address to be used for all correspondence.
8. **TELEPHONE NUMBER** – Provide the area code and telephone number of the contact person.
9. **BUSINESS EMAIL ADDRESS** – Provide your business email address. By providing your email address you agree to receive communications and required notices by email and to keep a valid email address on file.
10. **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 damageProof 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**.
11. **TYPE OF OWNERSHIP** - Check the box that indicates how the business is legally organized. For a description of various types of businesses, visit the [Texas Secretary of State](#). Complete requested information for all owners, officers, directors and registered agents of the business.
Social Security Number Disclosure: Your Social Security Number is required by Section 231.302(c)(1) of the Texas Family Code to obtain a license and is subject to disclosure to an agency authorized to assist in the collection of child support payments.
12. **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.

13. **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.

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.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
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 [TDLR website](#). You can request assistance or submit required attachments via [TDLR webform](#) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only), or (512) 463-6599, Relay Texas - TDD: (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](#).

11.

**COMPLETE THE APPROPRIATE SECTION BELOW FOR THE BUSINESS.
INCOMPLETE FORMS WILL DELAY THE APPLICATION PROCESS.**

For information on file number, visit the [Texas Secretary of State \(SOS\)](#). The Federal Employer Identification Number (FEIN) also known as "Federal Tax ID Number" is a 9-digit number assigned by the Internal Revenue Service (IRS).

Sole Proprietor: (One individual)

Last First Middle Suffix (Jr., Sr., III)

Social Security Number or Federal Tax Identification Number: Owner Date of Birth: MM/DD/YYYY

Phone Number: (Area Code) Phone Number Email Address: (Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address: Street Number & Name Apt/Bldg/Ste # City State Zip Code + 4

Partnership: (Two or more individuals) (For Additional Partners Complete Another Sheet)

Name of Partner #1:

Social Security Number or Federal Tax Identification Number: Owner Date of Birth: MM/DD/YYYY

Phone Number: (Area Code) Phone Number Email Address: (Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address: Street Number & Name Apt/Bldg/Ste # City State Zip Code + 4

Name of Partner #2:

Social Security Number or Federal Tax Identification Number: Owner Date of Birth: MM/DD/YYYY

Phone Number: (Area Code) Phone Number Email Address: (Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address: Street Number & Name Apt/Bldg/Ste # City State Zip Code + 4

FOR ADDITIONAL PARTNERS COMPLETE ANOTHER SHEET

Corporation: (example Corporation, LLC, LP, LLP)

Name of
Business Entity:

Federal Tax ID
(FEIN):

Texas SOS File #:

Phone Number:

(Area Code) Phone Number

Email
Address:

(Ex: johndoe@aol.com) See instructions for disclosure statement.

Mailing Address:

Street Number & Name Apt/Bldg/Ste #

City

State

Zip Code + 4

List all officers, directors and registered agents of the corporation. (Use additional sheets, if necessary.)

Name:

Last

First

Middle

Suffix (Jr., Sr., III)

Gender:

Male

Female

Date of
Birth:

MM/DD/YYYY

Social Security
Number:

Position or
Title:

Phone
Number:

(Area Code) Phone Number

Name:

Last

First

Middle

Suffix (Jr., Sr., III)

Gender:

Male

Female

Date of
Birth:

MM/DD/YYYY

Social Security
Number:

Position or
Title:

Phone
Number:

(Area Code) Phone Number

NOTICE REGARDING APPLICABLE FEES

12. 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

13. 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 Printed Name

Contractor Signature

Date Signed