



RENEWAL APPLICATION FOR ELEVATOR MECHANIC LICENSE

State Form 52377 (R3 / 8-09)

Approved by State Board of Accounts, 2009

DEPARTMENT OF HOMELAND SECURITY
 DIVISION OF FIRE & BUILDING SAFETY
 DIVISION OF ELEVATOR SAFETY
 402 West Washington Street, Room W246
 Indianapolis, Indiana 46204
 Telephone: (317) 232-2670
 Fax: (317) 232-6609
 www.in.gov/dhs/fire

Attach additional pages as needed to complete this application.

1. APPLICANT INFORMATION	
Name	Date of birth (month, day, year)
Home address (number and street, city, state, and ZIP code)	
M number	Title
Name of organization	
Work address (number and street, city, state, and 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 must 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); and 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 the curriculum(s).

3. CRIMINAL HISTORY
Have you ever been charged or convicted of a crime other than a minor traffic violation? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to the above question is yes, you must submit the following information with the application: <ol style="list-style-type: none"> Each address at which you have resided during the past five (5) years. A current criminal history from every state in which you have resided during the past five years. In Indiana, and from every state in which you have been charged or convicted of a crime (other than a minor traffic violation). A limited criminal history can be obtained from the Indiana State Police (see http://www.in.gov/isp/lch/). Certified copies of all charging instruments from any case in which you have been charged with a crime. This includes, but is not limited to, any probable cause affidavits. Certified copies of any order regarding the final disposition from any in which you have been charged with a crime. This includes, but is not limited to, any plea agreements and sentencing orders. If you were ever assessed any periods of probation, a letter detailing your satisfactory completion of all court-imposed requirements from all involved probation officers. If you have ever been or are certified or licensed as an elevator professional in another state and that state has taken an action to revoke, suspend or otherwise limit your certification or license, include copies of all documents detailing the cause of the action and the final disposition of the action.

4. APPLICATION FEE
You must include payment of the \$100 license fee with this application. If paying by check or money order, make it payable to the Fire and Building Services Fund. If paying by <i>Visa</i> or <i>MasterCard</i> , complete the Credit Card Payment form on page 2.
<input type="checkbox"/> A check or money order for \$100 is enclosed.
<input type="checkbox"/> Payment will be made by <i>Visa</i> or <i>MasterCard</i> . I have completed and enclosed the Credit Card Payment form.

5. AFFIRMATION	
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)

RENEWAL APPLICATION FOR ELEVATOR MECHANIC LICENSE *(continued)*

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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.

CREDIT CARD PAYMENT		
Full name on credit card		
Billing address <i>(number and street, city, state, and ZIP code)</i>		Telephone number ()
Type of credit card <i>(check one)</i> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Account number	Date of expiration <i>(month, year)</i>
CVV2 number <i>(last three (3) digits of the number in the signature block on the back of the card)</i>		
By signing, Cardmember agrees to the obligations set forth by the Cardmember's Agreement with the issuer.		
Signature		Date <i>(month, day, year)</i>