



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 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.

1. BUSINESS NAME – Full name the business is operating under. (40 characters maximum)
2. TELEPHONE NUMBER – Provide the area code and telephone number of the business.
3. FAX NUMBER – Provide the area code and fax number of the business.
4. FEDERAL ID NUMBER – Provide the federal ID number that is used by the business.
5. 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.
6. 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.
7. CONTACT NAME & TITLE – Please provide your name and title in the spaces provided.
8. MAILING ADDRESS – Provide the mailing address to be used for all correspondence.
9. TELEPHONE NUMBER – Provide the area code and telephone number of the contact person. If this number is the same as the business number, you may write/type SAME.
10. BUSINESS EMAIL ADDRESS – Provide your business email address. By providing my email address I authorize TDLR to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I provide on this application will be available to the public.
11. BUSINESS STRUCTURE – Indicate in the box provided how the business is organized. Select only one.
12. 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 cover- age 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**.

13. 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.

14. 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](#).



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ELEVATOR CONTRACTOR REGISTRATION APPLICATION

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

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, THIS APPLICATION WILL BE CLOSED.

1. Business Name:

2. Telephone Number:

3. Fax Number:

4. Federal ID Number:

(Area Code) Phone Number

(Area Code) Phone Number

5. Mailing Address: (P.O. BOX is allowed for this address)

Number, Street, Suite Number/Apartment Number City State Zip Code

6. Business Address: (P.O. BOX is NOT allowed for this address)

Number, Street, Suite Number/Apartment Number City State Zip Code

7. Contact Information: (Used for ALL correspondence) (P.O. BOX is allowed for this address)

Name:

Title:

8. Mailing Address:

Number, Street, Suite Number/Apartment Number City State Zip Code

9. Telephone Number:

10. Email Address:

(Area Code) Phone Number

(ex: john.doe@gmail.com)

11. Business Structure: (select only one)

☐ Sole Proprietorship

☐ Corporation

☐ Partnership

☐ Limited Liability Company

☐ Limited Liability Partnership

☐ Other (attach a description)

12. **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

13. 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

14. 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