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

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. Applicant's Full Name:

Last | First | Middle | Suffix

2. Social Security Number:

3. Date of Birth: Month/Day/Year

4. Gender: ☐ Male ☐ Female

5. Business Name(s): (Use additional pages if necessary)

Attach proof of registration of name

Phone Number:

(Area Code) Phone Number

6. Business Location: STREET ADDRESS MUST BE DESIGNATED BELOW. (A license will not be issued to a P.O. BOX ONLY)

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

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

Number, Street, Suite Number/Apartment Number or P.O. Box | City | State | Zip Code

Contact Information

Phone Number:	Fax Number:	Email Address:
(Area Code) Phone Number	(Area Code) Phone Number	(ex: johndoe@gmail.com)

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, judgements, 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 **If you submit an insufficient fee amount with this application, or submit an outdated application form, it may be returned to you.** To verify the correct form version and required fees, consult the ***TDLR website*** or contact TDLR using the information below.
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 ***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***.