



TEXAS DEPARTMENT OF LICENSING & REGULATION

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

www.tdlr.texas.gov

ELEVATOR CONTRACTOR – RESPONSIBLE PARTY DESIGNEE

PURSUANT TO TEXAS HEALTH AND SAFETY CODE, CHAPTER 754; ELEVATOR, ESCALATORS, AND RELATED EQUIPMENT

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

1. Full Name:			2. Social Security Number:		
Last First Middle					
3. Permanent Mailing Address: (Used for Correspondence from TDLR)					
Street Number & Name Apt/Bldg/Ste #			City	State	Zip Code
4. Daytime Phone Number:	5. Fax Number:	6. Email Address:			
(Area Code) Phone Number	(Area Code) Phone Number	(ex: johndoe@gmail.com)			

EXPERIENCE

In the section below, provide your employment history for each employer to include a minimum of 3 years experience related to elevator installation, repair and maintenance. You may make copies or attach additional pages if necessary.

EMPLOYER 1

Employer:			Employer's Telephone Number:		
Mailing Address:					
Street Number & Name Apt/Bldg/Ste #			City	State	Zip Code
Starting Date:	End Date:	Total Years of Experience:			
Describe Job Duties Performed:					

EMPLOYER 2

Employer:			Employer's Telephone Number:		
Mailing Address:					
Street Number & Name Apt/Bldg/Ste #			City	State	Zip Code
Starting Date:	End Date:	Total Years of Experience:			
Describe Job Duties Performed:					

I certify that I will comply with all applicable provisions of Texas Health & Safety Code, Chapter 754, Elevators, Escalators, and Related Equipment, Texas Occupations Code, Chapter 51; and the 16 Texas Administrative Code, Chapter 74. I understand that providing false information on this application may result in the revocation of the approval I am requesting and the imposition of administrative penalties.

Applicant's Signature

Printed Name

Date

ELEVATOR CONTRACTOR'S STATEMENT

This section must be completed for all applicants.

Name of Contracting Company:

Contractor's Name:

Contractor's Telephone Number:

Contractor's Fax Number:

Contractor's Email Address:

I hereby certify that this applicant has been selected as the Responsible Party Designee on behalf of this company and that if the designee relationship ends, I will notify the Texas Department of Licensing and Regulation in writing within 30 business days. I also certify that I will comply with all applicable provisions of the Texas Health & Safety Code, Chapter 754, Elevators, Escalators, and Related Equipment; Texas Occupations Code, Chapter 51; and the 16 Texas Administrative Code, Chapter 74. I understand that providing false information on this application may result in the revocation of the Elevator Contractor license I am requesting or currently hold and the imposition of administrative penalties.

Contractor's Signature

Printed Name

Date

Note: Please provide your email address so the Department may email license information and required notices to you. 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 will not be returned, keep a copy of your completed form and all attachments.

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](#).