



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157
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www.tdlr.texas.gov • cs.elevators.escalators@tdlr.texas.gov

APPLICATION FOR:

Elevator Contractor — Responsible Party Designee

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

**NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK.
IF ALL REQUIREMENTS FOR REGISTRATION ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.**

1. Full Name:

Last First Middle Name Suffix (JR, SR, III)

2. Social Security No.: _____ - _____ - _____

Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders. Failure to provide the SSN will prevent a license from being issued and could ultimately lead to termination of the application.

3. Permanent Mailing Address: (USED FOR CORRESPONDENCE FROM TDLR)

Number, Street, Suite No., Apt. No. (P O Box is allowed for this address) City State Zip Code

4. Daytime Phone Number: () **5. Fax Number:** ()

6. Email Address: _____

Experience

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

Employer: _____ **Employer's Telephone Number:** _____

Mailing Address: _____

City, State and Zip: _____

Starting Date: _____ **End Date:** _____ **Total Years of Experience:** _____

Describe job duties performed:

Employer:	Employer's Telephone Number:
Mailing Address:	
City, State and Zip:	
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 _____ Date _____

Printed Name _____

ELEVATOR CONTRACTOR'S STATEMENT

This section must be completed for all applicants.

Name of Contracting Company:

Contractor's Name:

Contractor's Telephone: ()	Contractor's Fax: ()
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Contractor's E-mail 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 _____ Date _____

Printed Name _____

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.