



Public Protection Cabinet
 Department of Housing, Buildings and Construction
DIVISION OF BUILDING CODES ENFORCEMENT
ELEVATOR SECTION
 101 Sea Hero Road, Suite 100
 Frankfort, Kentucky 40601-5412
 (502) 573-1694 Fax: (502) 573-1059



ELEVATOR CONTRACTOR LICENSE APPLICATION

*Please type or print application. Answer all questions on both sides of this application.
 An application fee is to be submitted payable to Kentucky State Treasurer.*

Check one of the following: Initial (\$240) Renewal (\$240) License Number: _____

1. Name: _____
Last First MI
 Address: _____
(Street, Route or Box Number)
 City: _____ State: _____ Zip: _____
 County: _____ Telephone: (____) ____ - _____
 Date of Birth: ____ / ____ / ____
 Email Address: _____

**If a new applicant,
 attach a passport-sized,
 color photograph of
 applicant taken within
 the last six months.**

2. Company Name: _____
 Address: _____
(Street, Route or Box Number)
 City: _____ State: _____ Zip: _____
 County: _____ Telephone: (____) ____ - _____
 Federal ID Number (Business): _____

3. Attach proof of Liability insurance (Certificate of Insurance for general liability in an amount not less than \$1,000,000 and property damage in an amount not less than \$500,000) and proof of Worker’s Compensation insurance pursuant to KRS 198B.4027. List the Department of Housing, Buildings and Construction, Division of Building Codes Enforcement, 101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601-5412 as certificate holder. License cannot be issued without a certificate on file.

4. Provide verification of work experience as an elevator mechanic for a minimum of three (3) years as required by 815 KAR 4:030 Section 5. (Begin with current employer or most recent work)

<u>Employer Name</u>	<u>Address</u>	<u>From</u>	<u>To</u>	<u>Phone number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

5. How many, if any, employees are to be employed by your elevator contractor business? (Approximation, if actual number is unknown at time of application) _____

Please fill in each circle acknowledging that you have included the following:

- Completed Application and required supplemental documentation (valid for one year from date of receipt).
- Licensed Contractors are required to have at least one (1) licensed elevator mechanic associated with his/her license at all times. When applying for a Contractor's license, the associated mechanic license number(s) must be provided. Attach listing of associated mechanic(s) and license number(s).
- Attach the required criminal background check conducted by the Department of Kentucky State Police (pursuant to KRS 198B.4011(1)(i)).
- An initial application fee (submitted to the Department and payable to Kentucky State Treasurer).

I have been convicted of a felony or a misdemeanor in the Commonwealth of Kentucky, any other state, or the United States. YES ___ or NO ___.

If you marked yes you have been convicted of a felony or misdemeanor, you might not be able to receive a Kentucky Elevator Contractor license at this time. Please contact the Elevator Section for further information.

Pursuant to KRS 164.772, if you are in default of student loans backed by the Kentucky Higher Education Assistance Authority, you cannot receive or renew an Elevator Contractor license unless specified conditions are met. Please contact the Elevator Services Division for further information.

Applicant's Signature: _____ Date: _____

<p><u>For Office Use Only</u></p> <p>Date Received _____</p> <p>Approved _____</p> <p>Pending _____</p> <p>Elevator Contractor# _____</p> <p>Issue & Status _____</p>
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Elevator Contractor License Initial Fee Chart

Use the chart below to determine the correct fee for application. The fee is based on your birth month and the month which you are applying. Add the fees if you are applying for multiple licenses.

Example: If you were born in October and you are applying in July, then the Elevator Contractor application fee is \$300. This license would be valid for 15 months. Each time you renew your license after your initial activation, your license will be valid for one year and will be subject to annual renewal in October (your birth month).

Elevator Contractor License

Month you are Applying

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Birth Month	Jan	\$240.00	\$220.00	\$200.00	\$180.00	\$160.00	\$140.00	\$360.00	\$340.00	\$320.00	\$300.00	\$280.00	\$260.00
	Feb	\$260.00	\$240.00	\$220.00	\$200.00	\$180.00	\$160.00	\$140.00	\$360.00	\$340.00	\$320.00	\$300.00	\$280.00
	Mar	\$280.00	\$260.00	\$240.00	\$220.00	\$200.00	\$180.00	\$160.00	\$140.00	\$360.00	\$340.00	\$320.00	\$300.00
	Apr	\$300.00	\$280.00	\$260.00	\$240.00	\$220.00	\$200.00	\$180.00	\$160.00	\$140.00	\$360.00	\$340.00	\$320.00
	May	\$320.00	\$300.00	\$280.00	\$260.00	\$240.00	\$220.00	\$200.00	\$180.00	\$160.00	\$140.00	\$360.00	\$340.00
	Jun	\$340.00	\$320.00	\$300.00	\$280.00	\$260.00	\$240.00	\$220.00	\$200.00	\$180.00	\$160.00	\$140.00	\$360.00
	Jul	\$360.00	\$340.00	\$320.00	\$300.00	\$280.00	\$260.00	\$240.00	\$220.00	\$200.00	\$180.00	\$160.00	\$140.00
	Aug	\$140.00	\$360.00	\$340.00	\$320.00	\$300.00	\$280.00	\$260.00	\$240.00	\$220.00	\$200.00	\$180.00	\$160.00
	Sep	\$160.00	\$140.00	\$360.00	\$340.00	\$320.00	\$300.00	\$280.00	\$260.00	\$240.00	\$220.00	\$200.00	\$180.00
	Oct	\$180.00	\$160.00	\$140.00	\$360.00	\$340.00	\$320.00	\$300.00	\$280.00	\$260.00	\$240.00	\$220.00	\$200.00
	Nov	\$200.00	\$180.00	\$160.00	\$140.00	\$360.00	\$340.00	\$320.00	\$300.00	\$280.00	\$260.00	\$240.00	\$220.00
	Dec	\$220.00	\$200.00	\$180.00	\$160.00	\$140.00	\$360.00	\$340.00	\$320.00	\$300.00	\$280.00	\$260.00	\$240.00