

6. Provide verification of work experience in the business of installing, maintaining, or servicing elevators or fixed guideway systems as required by KRS 198B.4011 (1)(e). (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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

The commissioner, in accordance with KRS Chapter 13B, may refuse to issue, suspend, revoke, or refuse to renew the license or certificate of any licensee or certificate holder pursuant to KRS 198B.4033.

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).*

____ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by the KHEAA, I cannot receive a Kentucky Elevator Mechanic license at this time.

____ (Initial) I confirm that all information contained on and submitted with this application is current and true to the best of my knowledge.

Applicant's Signature: _____ Date: _____

COMMONWEALTH OF KENTUCKY
COUNTY OF _____

The applicant, whose name is, _____, being duly sworn declares that foregoing subscribed statements are true to the best of their knowledge and belief, and that they have personally signed this application.

Subscribed and sworn to before me this _____ day of _____,

Notary Public _____
My Commission expires: _____

<u>For Office Use Only</u>	
Date Received	_____
Approved	_____
Issue	_____
Pending	_____
Board Review	_____
Elevator Contractor#	_____
Issue & Status	_____

Read this section carefully!

The following information shall be submitted with application:

- One Passport sized photograph taken within 6 months of application.
- Documentation for verification of experience. (i.e. official Tax documents, copies of business licenses, sworn affidavit attesting to your experience or any other valid documentation of experience). For a complete list of documentation examples, go online to <http://dhbc.ky.gov>.
- Contractor license applicants shall submit an Insurance Certificate indicating \$1,000,000 or more liability insurance for injury or death of any number of persons per one (1) occurrence; an Insurance Certificate indicating \$500,000 or more coverage for property damage in any one (1) occurrence; and proof of compliance with workers compensation coverage requirements. All coverage shall be issued by an authorized Kentucky insurer, certified by the Kentucky Dept of Insurance.
- Contractor license applicants shall submit a verified criminal background check conducted by the Department of Kentucky State Police.

❖ **Annual Fee for Elevator Contractor License \$240 (\$20 per month)**

❖ **A nonrefundable fee must be submitted with this application. Without this fee, this application will not be processed.**

❖ **License shall be pro-rated for initial activation. The Division shall issue a license for no less than 7 months and no more than 18 months, based upon your birth month and time of application.**

Mail checks only.

Credit card payments are available online.

Make checks payable to *Kentucky State Treasurer*.

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

Birth Month	Month you are Applying											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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