



Public Protection Cabinet  
 Department of Housing, Buildings and Construction  
 Licensing Branch  
 500 Mero Street  
 Frankfort, Kentucky 40601  
 (502) 573-2002 Fax: (502) 573-1598



### 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, 500 Mero Street, Frankfort, Kentucky 40601 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>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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).*

YES\_\_\_\_ or NO\_\_\_\_. I have (not) been convicted of a felony or a misdemeanor in the Commonwealth of Kentucky, any other state, or the United States. 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 Licensing Branch 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 Licensing Branch for further information.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

Date Received \_\_\_\_\_  
Approved \_\_\_\_\_  
Pending \_\_\_\_\_  
Elevator Contractor# \_\_\_\_\_  
Issue & Status \_\_\_\_\_

## 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