



**Illinois Office of the State Fire Marshal
 Division of Elevator Safety
 James R. Thompson Center
 100 West Randolph Street, Suite 4-600
 Chicago, IL 60601
 312-814-1325
 Fax 312-814-3459**



Application for Elevator Contractor License

In accordance with the Elevator Safety and Regulation Act [225 ILCS 312 et. seq.], any person, firm or company engaged in the business of erecting, installing, altering, repairing, servicing, replacing or maintaining conveyances covered by the Act must be licensed by the Office of the State Fire Marshal.

All *Applications for an Elevator Contractor License* must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, James R. Thompson Center, 100 W. Randolph Street, Suite 4-600, Chicago, IL 60601.

The Office will invoice you the appropriate application fee. Do not submit payment with application. The Elevator Safety Division will process *Applications* in the order they are received and shall issue the applicant a license upon receipt of payment or notify the applicant of the reason for the denial.

OFFICIAL USE ONLY

 Contractor License Number

 Date Issued

1. Type of License & Fee

Contractor License \$1,000.00

Limited Contractor License \$500.00

2. Contractor Information

| | |
|---------------------------|--------------------------|
| Contractor Name: | FEIN Number (SS#): |
| Contractor Address: | |
| City/State/Zip Code: | |
| Contractor Phone Number: | Contractor Fax Number: |
| Contractor Email Address: | Date Business Organized: |

3. Type of Business

- Sole Proprietor Partnership Illinois Corporation
- Foreign Corporation (Please complete the following information).

Name of State Incorporated: _____

| | |
|---------------------------------------|-------------|
| Name of Registered Agent in Illinois: | |
| Address: | |
| City/State/Zip Code: | |
| Phone Number: | Fax Number: |

Include a copy of the Certificate of Authority to transact business in the State from the Illinois Secretary of State if you are a Corporation registered in another state or a Certificate of Good Standing if you are a Corporation registered in Illinois. If you are a Sole Proprietor or a Partnership you must include a copy of an Assumed Name Certificate issued by the County in which the business is located. Submit as Attachment A.

4. Illinois Business Operating Manager

Please identify the employee who will manage your business operations in Illinois.

| | |
|------------------------|--------|
| Name: | |
| Business Address: | |
| City/State/Zip Code: | |
| Business Phone Number: | Title: |

5. Contractor Designee

The Elevator Safety and Regulation Act [225 ILCS 312 et. seq.] requires the business to be qualified for the type of work it performs, participate in continuing education and to take a competency test if required to meet the qualifications to be licensed. In order to comply with the Act the business must identify the individual(s) of authority that will be responsible for compliance with the Act.

The *Designee* is determined by the type of business and means: 1) if the business is a sole proprietorship, the owner of the business or any person exercising managerial control; or 2) if the business is a partnership, any partner who has at least 10% ownership interest or any person exercising managerial control; or 3) if the business is a corporation, any person who has at least 10% ownership interest in the corporation or any person exercising managerial control and must be a licensed mechanic in the State of Illinois.

| | |
|--------------------------|---------------------------------------|
| Designee Name: | Social Security Number: |
| Personal Street Address: | |
| City/State/Zip Code: | |
| Phone Number: | Date of Birth: |
| Business Title: | Illinois Elevator Mechanic's License: |

If additional designee(s) please attach a sheet labeled (#5 Contractor Designee continued). Please use the format shown above.

6. Qualifications

- Provide written details of your years of work experience in the elevator industry. State your qualifying installation and servicing experience; the types of conveyances you have installed and serviced; and if applicable, names and addresses of other companies in the elevator industry that employed you including duties and dates of employment. Submit as Attachment B.

- License from another state: Have you been issued an elevator contractor license by any other state that meets or exceeds the Illinois requirements? No Yes. Submit as Attachment C a copy of the elevator contractor license(s) you hold.

7. Additional Required Information

- Provide a list of the names of all the principal officers, partners or owners of the business. Include their business and personal addresses. Submit as Attachment D.

- Has the business, owner, partner, or officer of the company ever been convicted in any court for a felony, or any crime for which the judge could issue a sentencing of imprisonment for more than one year?
 No Yes. If yes, please attach an explanation.

- Identify the address of all business locations from which the business in Illinois is being conducted. This includes offices located outside Illinois. Submit as Attachment E.

- Please provide a list of the names of all apprentices and helpers, elevator mechanics, and elevator inspectors the company employs. Submit as Attachment F.

- Please provide a copy of a Certificate of Insurance issued by an insurance company authorized to do business in the State, showing proof of general liability coverage of at least \$1,000,000 for injury or death of any number of persons in any one occurrence, with coverage of at least \$500,000 for property damage in any one occurrence and statutory workers compensation insurance coverage. Submit as Attachment G.

8. Applicant Signature

I certify under penalty of perjury that the information contained herein and documents submitted herewith, are accurate, true and complete. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the licensing process.

Signature _____

Date _____

Name _____

Title _____

Phone Number _____

Revised 08/23/2017 res

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.