



Alabama Department of Labor
 Inspections Division
 649 Monroe Street
 Montgomery, Alabama 36131
 Office 334-353-3323 Fax 334-353-4528

Robert Bentley
 Governor
 Fitzgerald Washington
 Commissioner

Application for Limited Elevator Contractor's License

Check appropriate box:

Sole proprietor Partnership Domestic Corporation Other Corporation

If a sole proprietor, the name, residence address, and business address of the applicant. **If a partnership**, the name and residence and business address of each partner. **If a domestic corporation**, the name, and business address of the corporation and the name and residence address of principal officer of the corporation. If a corporation **other than a domestic corporation**, the name, and address of a local agent who shall be authorized to accept service of process and official notices. Provide all information on additional sheets and attach to this application if necessary.

Name (if applicable) _____

Business Name _____

Residence Address (if applicable) _____

City _____ State _____ Zip _____

Business Address _____

City _____ State _____ Zip _____

New License Renewal Previous License Number _____

Principal Officer (if applicable) _____

Local Agent (if applicable) _____

Local Agent Address (if applicable) _____

City _____ State _____ Zip _____

Applicant Phone Number _____

Applicant Social Security # (required by Federal/State law for new license, not required for renewal) _____

Are you a US Citizen? Yes ___ No ___ If no, provide appropriate documentation from the US Government with your application that you are legally present in the United States.

Limited Elevator Contractor's License

Covers all activities of installation, alteration, service, replacement, or maintenance on Platform Lifts and Stairway Lifts only, as required by statute 25-13-1 (short title). Must have an Alabama licensed Limited Elevator Mechanic in employment to receive this license. Must provide the following documentation with this application:

- 1.) A current insurance policy, or certified copy thereof, issued by an insurance company authorized to do business in the state to provide general liability coverage of at least one million dollars (\$1,000,000) for injury or death of any number of persons in any one occurrence and at least five hundred thousand dollars (\$500,000) for property damage in any one occurrence and the statutory workers' compensation insurance coverage.
- 2.) Check or money order in the amount of \$300.00 for first time license, \$200.00 for a renewal, payable to the Alabama Department of Labor.

Number of years engaged in the business of installing, maintaining, or servicing platform and stairway lifts

Approximate numbers of persons if any to be employed by applicant. _____

Criminal record of convictions, if any as verified by the Department of Public Safety:

Signature _____ Date _____