



TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157
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www.license.state.tx.us - elevator@license.state.tx.us

Texas Elevator Contractor

Pursuant to Chapter 754, Health and Safety Codes, Subchapter B, Inspection, Certification, and Registration

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 6 columns: FEE, RECEIPT NUMBER, EVENT CODE, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: Application Fee, [blank], 02115, \$ 115.00, [blank], [blank]

Registration #

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.
IF ALL REQUIREMENTS FOR Registration ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.

Business Name: _____

Telephone: (____) _____ Fax: (____) _____ Federal ID Number: _____

Business Location: STREET ADDRESS MUST BE DESIGNATED BELOW.

Number, Street, Suite No., Apt. No. City State Zip Code

Mailing Address:

Number, Street, Suite No., Apt. No. City State Zip Code

Contact Information: (Used for All Correspondence) (P.O. Box is allowed for this address.)

Name: _____ Title: _____

Mailing Address: _____
Number, Street, Suite No., Apt. No. City State Zip Code

Telephone: (____) _____ Email Address: _____

Type of Business Ownership: Check ONE only

- Sole Proprietorship, Corporation, Limited Liability Company, Partnership, Limited Liability Partnership

STATEMENT OF APPLICANT

By signing this application I certify all information submitted on this and attached forms is true and accurate.

Signature of Applicant

Date Signed

Printed Name of Applicant

Title of Applicant

THE AREA BELOW THIS LINE IS RESERVED FOR DEPARTMENT USE ONLY

