MONTANA ELEVATOR CONTRACTOR MECHANIC & INSPECTOR LICENSING PROGRAM

301 South Park Avenue
PO Box 200513
Helena Montana 59620-0513
Phone: 406-841-2056 Fax: 406-841-2050
E-MAIL: dlibsdbcblicensing@mt.gov
WEBSITE: http://www.elevator.mt.gov/

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 14 days for processing from the date that the Department has received your complete routine application)

ELEVATOR CONTRACTOR APPLICATION

INSTRUCTIONS FOR APPLICATIONS

1. Complete the application in its entirety. Incomplete applications will be returned.
2. Submit the application with the required fee. Make check or money order payable to ELEVATOR LICENSING PROGRAM.
3. Acknowledgement of Responsibility Affidavit and Application Affidavit must be completed and notarized.

RENEWAL INFORMATION

1. $600.00 Annual Renewal Fee
2. Licenses expire on April 1, annually, commencing on April 1, 2008.

FEE INFORMATION

1. Application Fee: $600.00 - non-refundable

ELEVATOR CONTRACTOR REQUIRED DOCUMENTATION

1. Proof of a valid general contractor registration ((406) 444-7734 Contractor Registration)
2. Current certified copy of proof of Liability Insurance pursuant to 50-60-716, MCA. (See requirements below)
3. Current Certificate of Existence or Certificate of Fact issued by the Montana Office of the Secretary of State. ((406)-444-3665 Secretary of States Office)

LIMITED ELEVATOR CONTRACTOR REQUIRED DOCUMENTATION

1. Proof of a valid general contractor registration ((406) 444-7734 Contractor Registration)
2. Current certified copy of proof of Liability Insurance pursuant to 50-60-716, MCA. (See requirements below)
3. Current Certificate of Existence or Certificate of Fact issued by the Montana Office of the Secretary of State. ((406)-444-3665 Secretary of States Office)

INFORMATION ON INSURANCE

MCA 50-60-716. Insurance requirements. (1) Each licensed elevator contractor and licensed elevator inspector shall provide the department with a certified copy of an insurance policy issued by an insurance company authorized to do business in this state that provides at least $1 million coverage for injury or death for any number of persons in any single occurrence and $500,000 for property damage in any single occurrence.

MONTANA ELEVATOR CONTRACTOR MECHANIC & INSPECTOR LICENSING PROGRAM

PO Box 200513
301 South Park Ave, 4th Floor
Helena MT 59620 - 0513
Phone: (406) 841-2056 Fax: (406) 841-2050
E-mail: dlibsdbcblicensing@mt.gov
Website:http://www.elevator.mt.gov/

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APPLICATION FOR:

Elevator Contractor **Limited Elevator Contractor**

APPLICATION FEE: $600
FEES ARE NONREFUNDABLE

Social Security Number or Federal Identification Number _____

Business Name _____

Business Type (Check One): Individual Corporation LLC Partnership

Date Established _____

Owner(s) of Business _____

Please indicate your preferred mailing address

____ Home

____ Business

Owner Residential Address	Business Address
Phone _____	Phone _____
Fax _____	Fax _____
Address _____	Address _____
Zip Code _____	Zip Code _____
City, State _____	City, State _____

CONTRACTOR DOCUMENT REQUIREMENTS

1. Proof of valid General Contractor registration: Yes No
2. Certified copy of Liability Insurance: Yes No
3. Certificate of Experience/Certificate of Fact: Yes No

RESPONSIBLE ELEVATOR MECHANIC REQUIREMENTS

CONTRACTOR LICENSE:

- An owner not licensed as an Elevator Mechanic must employ a licensed mechanic who possesses the proper level of a Montana Elevator Mechanic license.

LIMITED CONTRACTOR LICENSE:

- An owner not licensed as an Elevator Mechanic or Limited Mechanic must employ a mechanic who possesses a valid Limited Mechanic license or an Elevator Mechanic license.

NAME OF RESPONSIBLE MECHANIC: _____

RESPONSIBLE MECHANIC LICENSE NUMBER: _____

SIGNATURE OF CORPORATE OFFICER(S), MANAGER(S) OR OWNER(S):

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____

_____ DATE: _____

AFFIDAVIT

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Signature of Applicant: _____

For a verification upon oath or affirmation

State of _____
(County) of _____

Signed and sworn to (or affirmed) before me on _____ by
(name(s) of person(s) making statement) _____

_____
(Signature of notarial officer)

(Seal)

_____
Title (and Rank)

_____
Residing at

My commission expires: _____

ACKNOWLEDGEMENT OF RESPONSIBILITY AFFIDAVIT

The Responsible Elevator Mechanic or Responsible Limited Mechanic must complete and sign below.

I, _____, do hereby declare the following:
Printed Name

I am the responsible (Check One Only) Elevator Mechanic or Limited mechanic for the

following business: _____.

My license number is: _____.

I am employed as the Responsible Elevator Mechanic or Responsible Limited Mechanic for the above named business, and acknowledge that I am not the Responsible Elevator Mechanic or Responsible Limited Mechanic for any other business pursuant to ARM 24.142.507.

I hereby assume all responsibility for all conveyance work performed for the above named business from this day forth until I shall have notified the Montana Elevator Licensing Program in writing of the cancellation of this agreement.

I further agree that all work performed under my supervision will comply with all Department rules and regulations. I understand any violation of this could result in criminal penalties or in action taken against the above noted license, as stated in Montana Code Annotated.

For a verification upon oath or affirmation

State of _____
(County) of _____

Signed and sworn to (or affirmed) before me on _____ by
(name of person making statement) _____

(Signature _____ of notarial officer)

(Seal) _____
Title (and Rank)

_____
Residing at

[My commission expires: _____]