

**INSTRUCTIONS ON FILING
FOR ELEVATOR RENOVATOR CONTRACTOR LICENSE**

**ENTITY - Sole Proprietorship
Partnership, LLP, LLC or Corporation**

APPLICATION

Complete and provide the required documents with the application. Failure to provide all requested documents will delay the application process. An entity (corporation or partnership, LLP, LLC) cannot be issued a license without having employed a licensed individual who is designated as a principal managing employee.

FEES

Upon Board approval enclose a \$25 non-refundable application fee and licensing fee of \$275, initial 2-year license. Make check or money order payable to: Elevator Safety Review Board Fund.

CURRICULUM VITAE

Submit a copy of your curriculum vitae, which is a detailed, written description of your work experience, educational background, and skills. The Board will use this information to verify your work experience.

TAX CLEARANCE

Submit a current Maryland State Tax Clearance (not more than a year old) with the original state Department of Taxation stamp.

**ENTITY REGISTRATION:
SOLE PROPRIETORSHIP
PARTNERSHIP/CORPORATION**

All entities must be properly registered with Department of Assessments & Taxation, 301 W. Preston St., Baltimore, MD 21201-2395, Phone: 410-767-1184, Outside the Baltimore Metro Area 1-888-246-5941 or Maryland Relay 1-800-735-2258.

Sole Proprietorship or Partnership: For Sole Proprietorships or general partnerships require no legal entry formalities except compliance with State and local licensing and taxation requirements.

Legal Entities (Corporations, Limited Liability Companies, Limited Liability Partnerships): For information about registration requirements for legal entities, contact:

State Department of Assessments and Taxation
Corporate Charter Division
301 West Preston Street, 8th Floor
Baltimore, MD 21201
(410) 767-1340 or e-mail: <http://www.dat.state.md.us>

RESIDENT AGENT

If the applicant is a corporation other than a domestic corporation, Maryland law requires all applicants to provide the name of a person physically located in the State of Maryland to act as the resident agent for the service of process.

BOARD ADDRESS

Mail your completed application, non-refundable fee, and other required documents to: Elevator Safety Review Board 100 South Charles Street, Tower 1, Baltimore, MD 21201



STATE OF MARYLAND
DEPARTMENT OF LABOR
ELEVATOR SAFETY REVIEW BOARD
100 SOUTH CHARLES STREET, TOWER 1
BALTIMORE, MD 21201
FAX: 410-244-0977
TTY USERS CALL MARYLAND RELAY SERVICE
E-MAIL: dlopelevsafetyreview-labor@maryland.gov

FOR OFFICE USE ONLY	
Date received:	_____
Approved:	_____
Denied:	_____
Reason:	_____
Reg. No.	_____

APPLICATION FOR ELEVATOR RENOVATOR CONTRACTOR LICENSE

Attach additional pages as needed to complete application

1. BUSINESS INFORMATION				
Legal Business Name		Federal Employer Identification No.(FEIN)		E-mail address
Business address (street address, city, state, zip code)		County	Business () -	Fax () -
Mailing address, if different (street address or P.O. Box, city, state, zip code)			Business () -	Fax () -
No. of years company has engaged in the business of installing, altering, repairing, renovating or servicing elevators			Number of individuals, if any, to be employed	
2. APPLICANT INFORMATION				
Last Name	First and Middle Name	Title	Social Security No.	License No./State Issued
Residence Address (street address, city, state, zip code)		Home () -	Fax () -	Cell or Other () -
3. APPLICANT LICENSE & FEE				
Upon Board approval, you must submit a \$25 non-refundable application fee and \$275 licensing fee. Please make your check or money order payable to the Elevator Safety Review Board Fund. Do not send your payment with this application.				
4. TYPE OF BUSINESS ENTITY				
You, the applicant, must select the appropriate business entity (Check one):				
<input type="checkbox"/> Individual, Sole Proprietor <input type="checkbox"/> Partnership - Provide information for each General Partner <input type="checkbox"/> Domestic Corporation – Provide information for the Principal Officer of the Corporation <input type="checkbox"/> Corporation, other than Domestic Corporation - Provide information for the Resident Agent who is authorized to accept service of process.				
5. PROOF OF ELIGIBILITY				
<input type="checkbox"/> OPTION 1: An applicant who applies for an elevator renovator contractor’s license on or before April 1, 2014 shall demonstrate to the Board a minimum of 3 years experience in the business of providing elevator renovation services; or <input type="checkbox"/> OPTION 2: An applicant who applies for an elevator renovator contractor’s license shall have until April 1, 2014 to have at least 1 of its employees or responsible management personnel pass the exam approved by the Board; or <input type="checkbox"/> OPTION 3: An applicant who applies for the elevator renovator license after April 1, 2014 shall demonstrate to the Board acceptable combination of experience and education and pass an exam approved by the Board.				
6. EMPLOYEE INFORMATION				
<p>Personnel: Provide the following identifying information below for all elected officers, if a corporation; all partners if a partnership; a sole proprietor, if applying as an individual; or all persons who are managing members, if a limited liability company.</p> <p>Background Disclosure Statement: Each principal, member, officer, partner will be required to complete a background disclosure</p>				

statement. A separate form must be completed for each individual.

First Name	Middle Name	Last Name	Title
Residence address (Street address, city, state, zip code)		Home () -	Fax () -
Business address (Street address, city, state, zip code)		Business () -	Fax () -

First Name	Middle Name	Last Name	Title
Residence address (Street address, city, state, zip code)		Home () -	Fax () -
Business address (Street address, city, state, zip code)		Business () -	Fax () -

7. RESIDENT AGENT

Resident Agent: If the applicant is a corporation other than a domestic corporation, Maryland law requires all licensees to provide the name of a person physically located in the State of Maryland to act as the resident agent for service of process, including the street address or mailing address, if different in the State of Maryland. The selected Resident Agent must complete and sign the Certificate of Acceptance of Appointment form found on page 5 of this application.

8. BACKGROUND INFORMATION

1. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court? Yes No
2. Have you ever had this license denied, suspended, or revoked by Maryland or any other State? Yes No

If your answer is "YES" to any of the above questions, please provide details on a separate sheet of paper and a true test copy with this application. Failure to provide this information may result in the refusal of the Board to issue you a license.

9. CERTIFICATION

I hereby certify, under penalty, that all information contained herein is true and correct to the best of my knowledge, information, and belief. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I further certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a satisfactory manner to the unit responsible for collection.

_____ Signature (Managing Employee, Partner or Officer of Corporation)	_____ Date
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BACKGROUND DISCLOSURE STATEMENT

Make additional copies of this document as needed. Only an original signature and a notarized copy of this document will be accepted.

First Name		Middle Name		Last Name	
Title	Date of Birth		Place of Birth		Social Security No.
Residence address (Street address, city, state, zip code)			Telephone () -		Fax () -
Mailing address, if different (Street address or P.O. Box, city, state, zip code)			Telephone () -		Fax () -

1. Within the past 5 years, have you filed adjudicated bankruptcy as an individual, under a corporate name or other business entity name? Yes No
2. Have you received any liens, lawsuits, judgments, tax claims or claims as partner or principal officer of a corporation or any other business entity which remain unsatisfactory? Yes No
3. Are you in default of any past bills for materials, labor or services rendered? Yes No
4. Have you ever been convicted of a drug crime committed on or after January 1, 1991? Yes No
5. Are you a United States Citizen, if not please provide your immigration status? Yes No

If you answered "Yes" to any of the conduct questions, please provide an explanation, to include copies of the disciplinary action, bankruptcy discharged document or petition.

I hereby certify, under penalty, that all information contained herein is true and correct to the best of my knowledge, information, and belief. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I further certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller of the Department of Labor or have provided for payment in a satisfactory manner to the unit responsible for collection.

Signature (Partner or Officer of Corporation)

Date

This Disclosure Statement must be Notorized

Subscribed and sworn to be before me this _____ day of _____ / _____ / _____

Notary Public in and for the County of _____ State of _____

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**RESIDENT AGENT
CERTIFICATE OF ACCEPTANCE OF APPOINTMENT**

APPLICANT: _____

The undersigned hereby certifies that on the _____ day of _____, _____, I accepted the appointment as Resident Agent of the above named applicant for a state contractor's license for the purpose of accepting service of process for the above named company.

My registered office in this state is located at:

My mailing address is:

I understand my obligation to notify the State Contractors' Board, in writing, of any change of address.

DATED this _____ day of _____, _____

(Signature of Resident Agent)