

**INSTRUCTIONS ON FILING  
FOR ELEVATOR 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 processing of your application. An entity (corporation, partnership, LLP, or LLC) cannot be issued a license without having employed a licensed individual who is designated as the principal managing employee.

**FEES**

If the Board approves your application, you will be required to pay a fee of \$300 for a 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 the 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.

A Sole Proprietorship or Partnership requires no formal legal entry, except for 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>

**LIABILITY INSURANCE**

Effective, October 1, 2001, Elevator Contractors are required to have general liability insurance in the amount of at least \$1,000,000 and property damage insurance in the amount of at least \$500,000.

**WORKER'S COMPENSATION**

Submit a copy of your Worker's Compensation insurance issued by an insurer to do business in the State of Maryland. If unsure whether or not workers' compensation insurance or self-insurance for workers' compensation is required for the business, call Worker's Compensation at: (410) 864-5298, outside the Baltimore Metro area toll-free (800) 492-0479 selecting extension 5298 when prompted, or email: [wccinsur@wcc.state.md.us](mailto:wccinsur@wcc.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 service of process.

**BOARD ADDRESS**

Mail your completed application and other required documents to: Elevator Safety Review Board, 100 S. 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: 410-962-8483  
TTY USERS CALL MARYLAND RELAY SERVICE  
E-MAIL: dloplelevsafetyreview-labor@maryland.gov

FOR OFFICE USE ONLY  
Date received: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Denied: \_\_\_\_\_  
Reg. No. \_\_\_\_\_

## APPLICATION FOR ELEVATOR CONTRACTOR LICENSE

Attached additional pages as needed to complete the application

<b>1. BUSINESS INFORMATION</b>				
Legal Business Name:	Federal Employer Identification No.:		Email Address:	
Business Address (street address, city, state, zip code)		Business No.: ( ) -		Fax No.: ( ) -
Mailing Address, if different (street address or P.O. Box, city, state, zip code)		Business No.: ( ) -		Fax No.: ( ) -
No. of years company has engaged in installing, altering, repairing, renovating or servicing elevators:		Number of individuals, if any, to be employed:		
<b>2. APPLICANT INFORMATION</b>				
Last Name:	First and Middle Name:	Title:	SSN:	Lic. No./State Issued:
Residential Address (street, city, state, zip code):		Home No.: ( ) -		Mobile No.: ( ) -
<b>3. APPLICANT LICENSE &amp; FEE</b>				
<b>Do not send your fee with this application.</b> Please make your check or money order payable to the Elevator Safety Review Board Fund.				
<b>4. TYPE OF BUSINESS ENTITY</b>				
The applicant must have at least five (5) years of work experience in the elevator industry in construction, maintenance, service, or repair. Please 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				
<b>5. EMPLOYEE INFORMATION</b>				
<b>Personnel:</b> 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 the entity is a limited liability company.				
<b>Background Disclosure Statement:</b> Each principal, member, officer, and partner will be required to complete a background disclosure statement. A separate form must be completed for each individual.				
First Name:	Middle Name:	Last Name:	Title	
Residential Address (Street, city, state, zip code)		Home No.: ( ) -	Fax No.: ( ) -	
Business Address (Street, city, state, zip code)		Home No.: ( ) -	Fax No.: ( ) -	

First Name:	Middle Name:	Last Name:	Title:
Residence address (Street, city, state, zip code)		Home No.: (   ) -	Fax No.: (   ) -
Business address (Street, city, state, zip code)		Business No.: (   ) -	Fax No.: (   ) -
First Name:		Middle Name:	Last Name:
Residence address (Street, city, state, zip code)		Home No.: (   ) -	Fax No.: (   ) -
Business address (Street, city, state, zip code)		Business No.: (   ) -	Fax No.: (   ) -

#### **6. 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, which is located on page 5 of this application.

#### **7. PROOF OF INSURANCE**

The applicant must provide proof of Certificate of Liability Insurance, in accordance with §12-836 (a) (1) (2), Annotated Code of Maryland. Maryland Elevator Safety Review Board must be named as the Certificate holder.

#### **8. PROOF OF WORKER'S COMPENSATION COVERAGE**

The applicant must provide proof demonstrating that you are covered by workers' compensation, in accordance with §12-828 (b) (6), Annotated Code of Maryland. Please check one:

I am not an employer required to provide coverage under the Worker's Compensation Law.  
 I have Worker's Compensation Coverage, Policy/Binder No. \_\_\_\_\_

Issued by: \_\_\_\_\_

#### **9. BACKGROUND INFORMATION**

1. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court?  
 2. Have you ever had this license denied, suspended, or revoked by Maryland or any other State?

Yes  No  
 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.

#### **10. CERTIFICATION**

I hereby certify, under penalty of law, 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 payment in a satisfactory manner to the unit responsible for collection.

Signature (Managing Employee, Partner, or Officer of Corporation)

Date

## **APPLICATION FOR ELEVATOR CONTRACTOR LICENSE**

### **BACKGROUND DISCLOSURE STATEMENT**

Make additional copies of this document as needed. Only the 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 a partner or principal officer of a corporation or any other business entity that 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, including copies of the disciplinary action, bankruptcy discharge 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 or the Department of Labor or have provided payment in a satisfactory manner to the unit responsible for collection.

Signature (Partner or Officer of Corporation)

Date

### **This Disclosure Statement must be Notarized**

Subscribed and sworn to be before me this \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_ Notary Public in and for the County of \_\_\_\_\_ State of \_\_\_\_\_

**APPLICATION FOR ELEVATOR CONTRACTOR LICENSE**

**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:

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My mailing address is:

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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)