



APPLICATION FOR LICENSE / RENEWAL OF LICENSE
ELEVATOR CONTRACTOR CONVEYANCE
SAFETY ACT

Elevator and Amusement Ride
Division
1313 Farnam St, Rm. 233
Omaha, NE 68102.
402-595-3184
sfm.conveyances@nebraska.gov

Neb. Rev. Stat. §§ 81 - 5,210 to 81 - 5,243

New License Renewal of License

GENERAL INFORMATION

*Name (last, first, middle initial) _____ *

*Residence: Street Address _____ *City, State, Zip _____

*Business: Street Address _____ *City, State, Zip _____

*Home Phone # _____ *Work Phone # _____

*Cell. # _____ *Fax # _____

If applicant is corporation, please provide the following:

Name _____ Fed. Tax I.D. No. _____

Business Address: Street _____ Ste. _____ City, State, Zip _____

Principal Officer Name (Residence) Address Street City, State, Zip

Agent Name Address Street City, State, Zip

(authorized to accept service of process and official notices)

* If applicant is partnership, provide * information for all partners. Use additional space on page 3 if necessary
† Note: Social Security numbers on application shall not be made public or be considered a part of a public record.

Prior to making this application, applicant has been engaged in the following with respect to conveyances*:

(circle where applicable): **constructing** **installing** **inspecting** **maintaining** **servicing/repair**
(list years of experience): _____ yrs. _____ yrs. _____ yrs. _____ yrs. _____ yrs.

* Note: A minimum of five years' work experience in the conveyance industry in construction, maintenance, and service or repair is required.

Type of Workers Utilized:

Employees No. of Employees _____ Independent Contractors No. of ICs _____

Other (Please specify) _____

INSURANCE Applicant has the following insurance policies in force:

General Liability? Property Damage? Workers' Compensation?

Name of Insurer

Name of Insurer

Name of Insurer

Policy No.

Policy No.

Policy No.

Limits: up to \$_____ for
injury or death of any 1 person.

Limits: up to \$_____ for
property damage in any 1 occurrence.

No. of Employees

Up to \$_____ for injury or
death of any number of persons
in 1 occurrence.

For Renewals Only: Have the above policies been subject to cancellation or material alteration Yes No
since applicant received the applicant received the previous elevator mechanic's license?
If "yes," please state nature of cancellation or material alteration and date of occurrence: _____

WORK HISTORY

List any employment you have had in the conveyance industry for the period of five years prior to the date of signing this application. Use additional sheets on page 3 if necessary.

Employer _____ Employed from: _____ To: _____

Address: _____

Supervisor _____

Position Title _____

Full-time Part-time

Number of employees
supervised by you _____

Description of Duties _____

May we contact this employer? _____

Supervisor/Manager Name: _____

Yes No

Phone No. _____

If you were self-employed and operated own business, provide the following for the period of five years prior to the date of signing this application. Use additional sheets on page 3 if necessary.

Name of Business: _____ Dates of Operation From: _____ To: _____

Address of Business: _____

Phone _____

Sole Proprietorship Partnership Corporation LLC LLP Other (describe): _____

Describe work of business with respect to conveyances (installation, servicing/repair, etc.)

What position did you hold with respect to business (owner, member, partner, corporate officer, etc.)?

Number of workers
 Employees Ind. Contractors
 Other

Name and Business Address of Any Co-Owners, Partners, Corporate Officers, etc.

BACKGROUND INFORMATION

By submitting this application, applicant is granting permission to the Nebraska State Fire Marshal(SFM) to access criminal history record information of individuals, partners and/or corporate officers identified on the application, as required by *Neb. Rev. Stat. § 815230 (3) (g)*, from the data banks of the Federal Bureau of Investigation, through the Nebraska State Patrol.

ACCIDENTS

Please provide a description of all accidents causing (a) personal injury and/or (b) property damage in excess of \$1,000.00, which involved any conveyances that were (a) installed and/or (b) inspected, and/or (c) maintained and/or (d) serviced by the Applicant. Include all relevant details, including place and date of occurrence, and type of conveyance involved. State the cause of the accident, if known, and provide details of any personal injuries or property damage (in excess of \$1,000.00) that occurred. What had the applicant done in the way of installation, inspection, maintenance, or service of the conveyance, prior to the accident? What repairs were made to the conveyance after the accident?

Note: an application fee must be submitted with this application, in the following amounts:
\$ 100 Initial Application for License
\$ 75 Application for Renewal of License

Typed or Printed Name of Applicant (or Authorized Person Signing on Behalf of Applicant)

_____ Name

_____ Title

_____ Signature of Applicant

_____ Date

ADDITIONAL COMMENTS (if necessary)

