



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety and Inspections
APPLICATION FOR ELEVATOR CONTRACTOR REGISTRATION

Please e-mail completed application to elevator.admin@mass.gov

Note: Companies with more than one office doing business in Massachusetts must submit an individual application for each office.

1. Name of Applicant (Co. Name or if individual First, MI, Last):
(Must be either an Individual, Corporation, LLC, LLP, Trust, or other legal entity)
2. Mailing Address:
3. E-Mail Address: (Required)
(This is the e-mail where Contractor Registration and renewal notices will be sent)
4. Phone Number:
5. Social Security or Federal Tax ID Number:
6. Contact Name (First, MI, Last):
(Person authorized to speak on behalf of the contractor)
7. Contact E-Mail Address, if different than above:
8. Have you registered previously under this law (524 CMR 5.00)? ☐ Yes ☐ No
If yes, please provide the name and registration number in which you were previously registered:
Applicant/Business Name:
Registration Number:
9. Are you currently or have you ever been an officer, partner, or co-venturer of an applicant who previously applied for registration under this law? ☐ Yes ☐ No
If yes, please provide the name of the applicant and name of the business (If different) and registration number:
Applicant/Business Name:
Registration Number:
10. Are you currently or have you previously been employed by a registrant or applicant for registration against whom disciplinary action was taken by this office? ☐ Yes ☐ No
If yes, please provide the name of the applicant and name of the business (If different) and registration number.
Applicant/Business Name:
Registration Number:
11. List all partners, trustees, officers, directors, and major owners (10% or greater of ownership) of an applicant partnership or corporation, below. Use additional paper if necessary. DBA see below.

For Corporation, you must also attach an official document which lists the names and addresses of officers, directors, and major stockholders such as: a copy of the Articles of Incorporation, a current Annual Report as filed with the Secretary of the Commonwealth, a copy of the Registration as a Foreign Corporation filed with the Secretary of the Commonwealth, or any other official documentation which lists the names and addresses of officers, director, and major stockholders.

For Partnership, you may attach a copy of the current Partnership Agreement containing the requested information or fill information in below.

For DBA, you must attach a copy of the DBA certificate filed with a city or town.

Full Name	Title	% Owner	Address

12. E-Mail completed application and all necessary documents to: elevator.admin@mass.gov, or Mail to: Office of Public Safety and Inspections, Elevator Division, 1 Federal Street, Suite 0600, Boston, MA 02110.

Failure to submit all required information will result in unnecessary delays.

I hereby swear under the pains and penalties of perjury that all information contained in the application is true and accurate to the best of my knowledge and understanding, further I certify pursuant to MGL c62C, §49A, that I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding all remitting of child support.

Signature:

Date:

By typing your name above you agree that it is valid as your signature.

If corporation or partnership, position held: