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|  | **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)***

1. **Mailing Address:**
2. **E-Mail Address: *(Required)***

***(This is the e-mail where Contractor Registration and renewal notices will be sent)***

1. **Phone Number:**
2. **Social Security or Federal Tax ID Number:**
3. **Contact Name (*First, MI, Last)*:**

***(Person authorized to speak on behalf of the contractor)***

1. **Contact E-Mail Address, if different than abov*e:***
2. **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:**

1. **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:**

1. **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:**

1. **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.**

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| **Full Name** | **Title** | **% Owner** | **Address** |
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1. **E-Mail completed application and all necessary documents to: elevator.admin@mass.gov, or Mail to: Office of Public Safety and Inspections, Elevator Division, 1000 Washington Street, Suite 710, Boston, MA 02118.**

**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:**