

Elevator Company Licensing Program Renewal Application

License number: _____ Expiration Date (listed on license): _____

Business Name: _____ Phone: _____

Please provide any change in address: _____

Please provide an email address so we can send your renewal information electronically:

Renewal Fee:

- If paid by the expiration date of 04/01/2020, fee is \$600
- If renewing late, after 04/01/2020, fee is \$1200

Renewal Instructions:

1. Return the signed renewal application and fee (U.S. Funds only. Do not send cash)
2. Make check or money order payable to: Elevator Program, PO Box 200513, Helena, MT 59620-0513.
3. A renewal application returned to a licensee for any reason will be late if not resubmitted to the department postmarked no later than the license expiration date.
4. Licenses that have not been renewed for more than two (2) years are terminated and cannot be renewed.
5. All renewal fees are non-refundable.

Military Exemption: See MCA 37-1-138 for activated Military Reservists.

*****Commercial liability insurance and workers compensation must be current*****

I understand I have a duty to report legal or disciplinary action against me that relates to my fitness to practice the profession or occupation, and that failure to report the action or filing false information is grounds for license revocation.

Your Signature: _____ Date: _____