APPLICATION FOR NEW/RENEWAL OF LICENSE FOR CONVEYANCE CONTRACTOR

Elevator and Amusement Ride Division
1313 Farnam St, Rm. 233
Omaha, NE 68102.
402-595-3184
Sfm.Conveyances@Nebraska.Gov

New($100)**/Renewal**($75)**:** ____

Business Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____ **Phone No:** _____

Business Manager Details

Name: _____ **Phone No:** _____

Operating Experience in Years:	Types of Personnel Utilized:
Constructing/Installing: ____ Maintaining: ____ Servicing/Repair: ____	No of Employees: ____ No of Contractors: ____ Others Specify: _____

Insurance Details

Please attach documents as proof for : General Liability ____ **Property Damage** ____ **Worker's Compensation** ____

Licensed Mechanic on record with the Business

Name: _____ **Phone Number:** _____ **NE State Mechanic License No:** _____

Details in regards to conveyances experience.If the applicant is been in partnership, Please specify details in page three.

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?

_____ _____ _____

Business Manager Signature **Name** **Date**

Additional Comments:

_____

_____

_____

_____

_____