



Rhode Island Department of Labor & Training  
Division of Occupational Safety-Elevator Unit  
1511 Pontiac Avenue, P.O. Box 20157 Cranston, RI 02920-0942  
Phone: (401) 462-8570 Fax: (401) 462-8576

**APPLICATION FOR COMPANY LICENSE**  
**(Renewable August 1<sup>st</sup> Annually- FEE: \$240.00)**

Name of Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

Corporate Office Address: \_\_\_\_\_

**Name as listed with the Rhode Island Secretary of State if different from above:**

Name of Company: \_\_\_\_\_

Name of Rhode Island Agent: \_\_\_\_\_

Address of Rhode Island Agent: \_\_\_\_\_

**List all types of equipment sold/serviced/installed within the State of Rhode Island  
subject to the provisions of Rhode Island General Law 23-33:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any other Rhode Island licenses required and held:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of the current certificate of liability of proof of self-insurance in an amount of not less than five hundred thousand dollars (\$500,000) must accompany this application for a company license.

It is hereby agreed that in consideration of the granting of this license, the company will require that any and all personnel employed by this company or performing work on behalf of this company will be licensed in accordance with RIGL 23-33-2.3. It is further agreed that notice of any newly hired field personnel will be made to the Rhode Island Department of Labor & Training, Elevator Unit.

\_\_\_\_\_  
Signature of Owner/Corporate Officer: \_\_\_\_\_

On behalf of (Company): \_\_\_\_\_

Please print form and mail to above address with check payable to: **DLT/Elevator Unit**