

**LICENSE INFORMATION**

TDLR License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**LICENSEE INFORMATION**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**BUSINESS INFORMATION**

(must be same as business affiliation on state license and/or website)

Company Name or DBA: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email provided will be used to send important information: \_\_\_\_\_

**AUTHORIZED SIGNATURES TO PURCHASE PERMITS IN PERSON**

Please Provide Full Name as on Driver's License

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**REQUEST TO RETIRE A SIGNATURE**

Please Provide Full Name

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**LICENSEE SIGNATURE**

Company Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ELEVATOR INSPECTIONS CONTACT INFORMATION****Phone Number:** 832-394-8861**Physical Address:** 1002 Washington Avenue, 4<sup>th</sup> Floor**Email:** [hpc.elevatorsection@houstontx.gov](mailto:hpc.elevatorsection@houstontx.gov)**Mailing Address:** P.O. Box 2688, Houston, TX 77252-2688**FOR OFFICE USE ONLY**

Date: \_\_\_\_\_

Processed By: \_\_\_\_\_

[mechanicalsection@houstontx.gov](mailto:mechanicalsection@houstontx.gov)

832.394.8850

<https://bit.ly/3p78ntZ>