

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](https://license.wi.gov)
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

ELEVATOR CONTRACTOR LICENSE APPLICATION INFORMATION

Requirements for Credential

Per [Wis. Admin. Code § 305.9905](#), no person or entity may engage in the business or offer to engage in the business of constructing, installing, altering, servicing, replacing or maintaining conveyances unless the person or entity holds a license issued by the Department as a licensed Elevator Contractor. A person, entity or business is not required to hold a license as a licensed Elevator Contractor to service or maintain existing conveyances within facilities or properties owned by the person, entity or business.

A person who holds an Elevator Contractor license shall:

- Be responsible for the contractor's work on conveyances with respect to compliance to [Wis. Admin. Code ch. SPS 318](#);
- Utilize the appropriately licensed or registered individuals to construct, install, alter, service, replace or maintain conveyances;
- For any construction, installation, alteration, repair or replacement of a conveyance or conveyance component that requires a permit under [Wis. Admin. Code § SPS 318.1007](#), a licensed Elevator Contractor may not commence the work until a permit is issued for the project;
- Shall maintain their liability insurance as specified under [Wis. Stat. § 101.985\(1\)](#).

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application and Fees:** Apply and pay fees online in LicensE, <https://license.wi.gov>. Fees will be calculated in LicensE. If needed, you can save your application and complete and submit it later. **NOTE:** If DSPS requests additional documents they must be uploaded within three (3) months from the date they were requested. Failure to do so may result in having to submit a new application and pay fees.
2. **Business Representative:** The person applying for an Elevator Contractor license shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.
3. **Worker's Compensation Requirements:** By signing Page 2 of the application, the applicant is attesting that the business is in compliance with worker's compensation requirements under [Wis. Stat. ch. 102](#). If you are unsure whether worker's compensation is required for the business, contact the Department of Workforce Development – Worker's Compensation Division online at <http://dwd.wisconsin.gov/wc/> or 608-266-3131.
4. **Liability Insurance:** A person applying for an Elevator Contractor license shall provide evidence of compliance with the liability insurance requirements as specified under [Wis. Stat. § 101.985\(1\)](#):
 - a. The business has in force a policy of general liability insurance issued by an insurer authorized to do business in Wisconsin insuring the business in the amount of at least \$1,000,000 per occurrence because of bodily injury to or death of others and at least \$500,000 because of damage to the property of others.
Liability insurance policies must provide that it may not be canceled by the person covered by the insurer or surety company except on 30 days written notice served on the department in person or by certified mail. The person covered shall file with the department proof of replacement insurance or bond within the 30 day notice period and before the expiration of the policy or bond. The department may suspend without prior notice or hearing the elevator contractor license of a person who does not file satisfactory proof of replacement insurance or bond.
Attach a copy of your current (not expired) insurance certificate. **The certificate must indicate all the following:**
 - The Certificate Holder is listed as: Department of Safety & Professional Services, Trades Credentialing; PO Box 7082, Madison, WI 53707-7082. (NOTE: the certificate holder information is usually located in the lower left hand corner on the certificate);
 - The company/person is insured for at least \$1,000,000 dollars per occurrence because of bodily injury to or death of others insurance and at least \$500,000 per occurrence because of damage to the property of others;

To confirm the license status of the insurance company, visit the Wisconsin Office of the Commissioner of Insurance website at: <https://sbs-wi.naic.org/Lion-Web/jsp/sbsreports/CompanySearchLookup.jsp>.