



MISSISSIPPI DEPARTMENT OF REVENUE
 501 N. WEST STREET, SUITE 1001
 WOOLFOLK BUILDING
 JACKSON, MISSISSIPPI 39201
 www.mid.ms.gov

MIKE CHANEY
 Commissioner of Insurance
 State Fire Marshal

MARK HAIRE
 Deputy Commissioner of Insurance

MAILING ADDRESS
 Post Office Box 79
 Jackson, Mississippi 39205-0079
 TELEPHONE: (601) 359-3569
 FAX: (601) 359-2474

Application for Elevator Inspector's License

Applicants Name _____
 Residence Address _____
 QEI-1 Number _____ Expiration Date _____ Issued by _____
 New License Renewal Previous License Number _____
 Applicant Phone Number _____ Email _____
 Applicant Social Security # (required by Federal/State law for new license, not required for renewal) _____
 Applicant Date of Birth _____

Are you a US Citizen? Yes ___ No ___ If no, provide appropriate documentation from the US Government with your application that you are legally present in the United States.

Elevator Inspector's License

Covers all activities of elevator/conveyance inspection as required by statute HB 817 (2013 Regular Session). The following must accompany the application for processing:

- 1.) A current certificate of Insurance issued by an insurance company authorized to do business in the state to provide general liability coverage of at least one million dollars (\$1,000,000) for each occurrence of bodily injury or death; and not less than five hundred thousand dollars (\$500,000) for property damage in any one occurrence or a contractor may elect a general liability policy that provides single-limit coverage of not less than \$1,000,000.
- 2.) A legible copy of QEI-1 certification card.
- 3.) Check or money order, payable to the Mississippi Insurance Department in the amount of \$100.00 (initial and for renewal prior to expiration date) or in the amount of \$125.00 (for renewal of an expired license within one year of expiration date).

Number of years in the business of inspecting elevators or related conveyances. _____

Criminal record of convictions, if any as verified by the Department of Public Safety:

Signature _____ Date _____