

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance



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

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

Application for Limited Elevator Mechanic's License

Applicants Name _____

Residence Address _____

Mailing Address, if different from above: _____

Employer's Name and Mississippi License Number _____

If applicable, Previous License Number _____

Applicant Phone Number _____ Email _____

Applicant Social Security # (required by Federal/State law for new license) _____

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.

Limited Elevator Mechanic's Licenses

Limited to all activities of installation, service, replacement, or maintenance of platform lifts and stairway chair lifts only, as described in ANSI/ASME 18.1.

The following documents must accompany this application:

- 1.) Acceptable documentation of eligibility to receive a first time Limited Elevator Mechanics License.
- 2.) Provide a certificate of training or equivalent from the manufacturer of each type of equipment installed, altered, serviced, replaced, or maintained.
- 3.) Check or money order, payable to the Mississippi Insurance Department: in the amount of \$100.00

Number of years working as a Mechanic in the business of installing, maintaining, or servicing platform lifts and stairway chair lifts or related conveyances. _____

Qualifications: _____

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

Signature _____ Date _____