

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

MISSISSIPPI INSURANCE DEPARTMENT
ELEVATOR SAFETY DIVISION
501 N. WEST STREET, SUITE 1001
WOOLFOLK BUILDING
JACKSON, MISSISSIPPI 39201
www.mid.ms.gov

Application for Elevator Mechanic's License

Applicants Name _____

Residence Address _____

Mailing Address, if different from above: _____

Employer's Name and Mississippi License Number _____

If applicable, your Previous License Number _____

Applicant's Phone Number _____ Email _____

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

Applicant's 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 Mechanic's Licenses

Covers all activities of installation, alteration, service, replacement, or maintenance on all conveyances under statute HB 817(2013 Regular Session).The following documents must accompany this application:

- 1.) Acceptable documentation of eligibility to receive a first time mechanics license:
i.e. a copy of your current IUEC Mechanic's card (front & back) or current CET card and Certificate of Completion of Mechanic or CET exam.
- 2.) A 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 elevators or related conveyances: _____

Qualifications: _____

Any record of Criminal conviction; if none, so state: _____

Signature _____ Date _____