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

Temporary Elevator Mechanic's License Application
(THIS LICENSE DOES NOT RENEW/MUST BE APPLIED FOR EVERY 6 MONTHS)

Applicants Name _____

Residence Address _____

Mailing Address, if different from above: _____

Employer's Name and Mississippi 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.

Temporary 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) Notarized request on company letterhead
- 2) Two (2) years documented worked experience.
- 3) Acceptable combination of documented experience and education.
- 4) A check or money order, payable to the Mississippi Insurance Department in the amount of \$300.00

Number of years working as a Mechanic in the business of installing, maintaining, or servicing elevators or related conveyances: _____

Qualifications: _____

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

Signature _____ Date _____