



## MISSISSIPPI INSURANCE DEPARTMENT

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

**MIKE CHANEY**  
Commissioner of Insurance  
State Fire Marshal

**DAVID BROWNING**  
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 \_\_\_\_\_