

**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

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

## Application for Limited Elevator Mechanic's License

Applicants Name \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Mailing Address, if \_\_\_\_\_  
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 \_\_\_\_\_