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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

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 _____