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
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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 Limited Elevator Contractor's License

Check appropriate box:

LLC [ ] Sole proprietor [ ] Partnership [ ] Domestic Corporation [ ] Other Corporation [ ]

If a sole proprietor, the name, residence address, and business address of the applicant. If a partnership, the name and residence and business address of each partner. If a domestic corporation, the name, and business address of the corporation and the name and residence address of principal officer of the corporation. If a corporation other than a domestic corporation, the name, and address of a local agent who shall be authorized to accept service of process and official notices. Provide all information on additional sheets and attach to this application if necessary.

Name (if applicable) _____

Residence Address (if applicable) _____

Business Name: _____

Business Physical Address _____

Business Mailing Address: _____

If applicable, previous License Number _____

Principal Officer (if applicable) _____

Local Agent (if applicable) _____

Local Agent Address (if applicable) _____

Business Phone Number _____ Email _____

Federal Employer Identification Number (FEIN) _____

Limited Elevator Contractor's License

Covers all activities of installation, alteration, service, replacement, or maintenance on Platform Lifts and Stairway Lifts only, as required by HB 817 (2013 Regular Session). Must have a Mississippi licensed Limited Elevator Mechanic in employment to receive this license. Must provide the following documentation with this application:

1.) A current insurance policy, or certified copy thereof, 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 injury or death of any number of persons in any one occurrence and at least five hundred thousand dollars ($500,000) for property damage in any one occurrence and the statutory workers' compensation insurance coverage. **Annual verification required**.

Provide a Certificate of Liability Insurance on the ACORD form. Only this form will be accepted. Have this form name as certificate holder: ELEVATOR SERVICES DIVISION, MISSISSIPPI INSURANCE DEPARTMENT, PO BOX 79, JACKSON, MS 39205-0079.

Effective Date: _____

2.) A list of all Mississippi licensed mechanics in your employ, at the time of application.

3.) Check or money order in the amount of $300.00 made payable to the Mississippi Insurance Department.

Number of years your company has been in the business of installing, maintaining, servicing or inspecting platform and stairway lifts. _____

All records of criminal convictions for any principal owner or employee; if none, please so state.

_____

Signature _____ **Date** _____