

DEPARTMENT OF PUBLIC SAFETY DIVISION OF FIRE SAFETY

APPLICATION FOR ELEVATOR INSPECTOR STATE CERTIFICATION

<u>NOTE</u>: Failure to provide adequate documentation of experience/work history, QEI certification and proof of appropriate insurance coverage may result in denial or delay in issuance of certification.

GENERAL INFORMATION

PLEASE TYPE OR PRINT

Name of Applicant:			
Home Address:		Home Phone Number:	
City	State	Zip	
Inspection Business Name:		Business Phone Number:	
Business Address:			
City	State	Zip	
Email Address (if applicable):			
Business Website Address (if applicable):			

EDUCATION / EXPERIENCE

Do you have a High School Diploma / GED?				
	Yes 🗌 No			
How many years of experience do you have in the following areas:				
1) Mechanical or electrical field? years				
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2) Design, construction, installation, repair or inspection of elevator equipment? years				
3) College level engineering education? years				
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ASME QEI CERTIFICATION INFORMATION

QEI Certifie	cation Number:
Have you eve	er had your QEI Certification revoked or suspended in the United States or Canada?
🗌 No	Yes (if so, explain on a separate page and attach to application)

ADDITIONAL REQUIRED DOCUMENTATION

Attach the following to this Application:

- 1) Copy of QEI Certificate, and;
- 2) Proof of Liability Insurance to include professional liability, errors and omissions and general liability coverage in the amounts required by 11 CSR 40-5.120, and;
- 3) A <u>detailed</u> résumé listing current employer, previous employers, positions held, experience and work history for the last five years.

<u>Failure to provide this required documentation may result in a denial or a delay in the</u> <u>issuance of Missouri certification.</u>

I hereby certify that I have read, am familiar with and possess a copy of RSMo 701.350 through 701.380 and promulgated rules 11 CSR 40-5.010 through 11 CSR 40-5.150, otherwise known as the Elevator Safety Act. As an elevator inspector certified by the Missouri Elevator Safety Board, I will perform my duties in accordance with these rules and regulations.

I further certify that I have no direct financial interest in any business or operation which manufactures, installs, repairs or services elevator equipment.

Applicant's Signature:	Date: