



**DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY**

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**APPLICATION FOR ELEVATOR INSPECTOR CANDIDATE
STATE CERTIFICATION**

NOTE: Failure to provide adequate documentation of experience/work history and supervisor's QEI certification may result in denial or delay in issuance of certification.

GENERAL INFORMATION

PLEASE TYPE OR PRINT

Name of Candidate Applicant:		
Home Address:		Home Phone Number:
City	State	Zip
Candidate's Supervisor's Name:		Business Phone Number:
Supervisor's Business Address:		
City	State	Zip
Candidate's Email Address (if applicable):		
Employer's Website Address (if applicable):		

EDUCATION / EXPERIENCE

Do you have a High School Diploma / GED?
<input type="checkbox"/> Yes <input type="checkbox"/> No
How many years of experience do you have in the following areas:
1) Mechanical or electrical field? years
2) College level engineering education? years

ASME QEI CERTIFICATION INFORMATION

Supervisor's QEI Certification Number:

Have you ever 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 Supervisor's QEI Certificate, and;
- 2) A detailed résumé listing the candidate's current employer, previous employers, position(s) held, experience and work history for the last five years.

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

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 candidate 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: