



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

205 Jefferson Street, Suite 1315
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APPLICATION FOR ELEVATOR INSPECTOR STATE CERTIFICATION

NOTE: 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?	<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) Design, construction, installation, repair or inspection of elevator equipment?	_____	years
3) College level engineering education?	_____	years

ASME QEI CERTIFICATION INFORMATION

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 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 detailed résumé listing current employer, previous employers, positions 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 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: