



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

205 Jefferson Street, Suite 1315  
Mailing Address: P.O. Box 844  
Jefferson City, MO 65102-0844  
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Fax: (573) 526-5971

**ELEVATOR CONTRACTOR**

**APPLICATION FOR LICENSE**

**NOTE:** Failure to provide required information/documentation may result in denial or delay in issuance of this license/renewal.

**Application Type:**     Contractor I     Contractor II  
  
 Initial License     Renewal

**CONTRACTOR INFORMATION**

*PLEASE TYPE OR PRINT*

<b>Business Name:</b>		<b>Business Phone Number:</b>	
<b>Business Address:</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Email Address (if applicable):</b>			
<b>Name of Applicant/Responsible Party:</b>			
<b>Address: (if different than above)</b>		<b>Phone Number:</b>	
<b>City</b>	<b>State</b>	<b>Zip</b>	
<p><b>Applicant for a Elevator Contractor’s License shall provide documentation of the following along with this form:</b></p> <ol style="list-style-type: none"> <li>1) <b>Contractor employs state licensed elevator mechanics; and</b></li> <li>2) <b>Verification the business in good standing with the Secretary of State; and</b></li> <li>3) <b>Verification of no retail sales tax due; and</b></li> <li>4) <b>A check or money order for the applicable fee (\$200); and</b></li> <li>5) <b>Proof of insurance as detailed below.</b></li> </ol>			

**INSURANCE REQUIREMENTS:**

**Applicants for an Elevator Contractor License shall provide evidence of the following insurance coverage:**

- 1) Documentation in the form of a certificate of insurance naming the Division of Fire Safety as a certificate holder that the applicant is covered by general liability, personal injury and property damage insurance in an amount of at least one (1) million dollars for injury or death of any number of persons in any one (1) occurrence with the coverage of at least five (5) hundred thousand dollars for property damage in any one (1) occurrence; and
- 2) Statutorily required Worker's Compensation insurance coverage.

**NOTE: Failure to maintain insurance coverage required in accordance with 11 CSR 40-5.175 throughout the licensure period may result in suspension or revocation of the license.**

**I hereby certify that I have read, am familiar with and possess a copy of RSMo 701.350 through 701.383 and promulgated rules 11 CSR 40-5.010 through 11 CSR 40-5.195. As a Missouri licensed elevator contractor, I will perform my duties in accordance with these rules and regulations.**

**I further certify the company/any member of the company has no direct financial interest in any business or operation which inspects elevator equipment.**

**Applicant's Name and Title:** (please type or print)

**Applicant's Signature:**

**Date:**