

**MIKE CHANEY**  
Commissioner of Insurance  
State Fire Marshal

**MARK HAIRE**  
Deputy Commissioner of Insurance



MISSISSIPPI DEPARTMENT  
ELEVISION  
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## Application for Limited Elevator Mechanic's License

Applicants Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Mailing Address, if different from above: \_\_\_\_\_

Employer's Name and Mississippi License Number \_\_\_\_\_

If applicable, Previous License Number \_\_\_\_\_

Applicant Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Applicant Social Security # (required by Federal/State law for new license) \_\_\_\_\_

Applicant Date of Birth \_\_\_\_\_

Are you a US Citizen? Yes No If no, provide appropriate documentation from the US Government with your application that you are legally present in the United States.

### Limited Elevator Mechanic's Licenses

Limited to all activities of installation, service, replacement, or maintenance of platform lifts and stairway chair lifts only, as described in ANSI/ASME 18.1.

The following documents must accompany this application:

- 1.) Acceptable documentation of eligibility to receive a first time Limited Elevator Mechanics License.
- 2.) Provide a certificate of training or equivalent from the manufacturer of each type of equipment installed, altered, serviced, replaced, or maintained.
- 3.) Check or money order, payable to the Mississippi Insurance Department: in the amount of \$100.00

Number of years working as a Mechanic in the business of installing, maintaining, or servicing platform lifts and stairway chair lifts or related conveyances. \_\_\_\_\_

Qualifications: \_\_\_\_\_

Criminal record of convictions, if any as verified by the Department of Public Safety: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_