

**MIKE CHANEY**  
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State Fire Marshal

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**MISSISSIPPI INSURANCE DEPARTMENT**  
ELEVATOR SAFETY DIVISION  
501 N. WEST STREET, SUITE 1001  
WOOLFOLK BUILDING  
JACKSON, MISSISSIPPI 39201  
www.mid.ms.gov

**Temporary Elevator Mechanic's License Application**  
(THIS LICENSE DOES NOT RENEW)

Applicants Name \_\_\_\_\_  
Residence Address \_\_\_\_\_  
Mailing Address, if different from above: \_\_\_\_\_  
Employer's Name and Mississippi License Number \_\_\_\_\_  
Applicant's Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
Applicant's Social Security # (required by Federal/State law for new license) \_\_\_\_\_  
Applicant's Date of Birth \_\_\_\_\_  
Are you a US Citizen? Yes No If no, provide appropriate documentation from the  
with your application that you are legally present in the United States.

**Temporary Elevator Mechanic's Licenses**

Covers all activities of installation, alteration, service, replacement, or maintenance on all conveyances under statute HB 817 (2013 Regular Session). The following documents must accompany this application:

- 1.) Two (2) years documented work experience.
- 2.) Acceptable combination of documented experience and 288 hours of approved education.
- 3.) A check or money order, payable to the Mississippi Insurance Department in the amount of \$50.00

Number of years working as a Mechanic in the business of installing, maintaining, or servicing elevators or related conveyances: \_\_\_\_\_

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

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

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