

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

**MARK HAIRE**  
Deputy Commissioner of Insurance



MAILING ADDRESS  
Post Office Box 79  
Jackson, Mississippi 39205-0079  
TELEPHONE: (601) 359-3569  
FAX: (601) 359-2474

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

## Application for Limited Elevator Contractor's License

Check appropriate  
box:

LLC  Sole proprietor  Partnership  Domestic Corporation  Other Corporation

If a sole proprietor, the name, residence address, and business address of the applicant. If a partnership, the name and residence and business address of each partner. If a domestic corporation, the name, and business address of the corporation and the name and residence address of principal officer of the corporation. If a corporation other than a domestic corporation, the name, and address of a local agent who shall be authorized to accept service of process and official notices. Provide all information on additional sheets and attach to this application if necessary.

Name (if applicable) \_\_\_\_\_

Residence Address (if applicable) \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Physical Address \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

If applicable, previous License Number \_\_\_\_\_

Principal Officer (if applicable) \_\_\_\_\_

Local Agent (if applicable) \_\_\_\_\_

Local Agent Address (if applicable) \_\_\_\_\_

Business Phone Number "\*\*\*\*\*"Email \_\_\_\_\_

Federal Employer Identification Number (FEIN) \_\_\_\_\_

### Limited Elevator Contractor's License

Covers all activities of installation, alteration, service, replacement, or maintenance on Platform Lifts and Stairway Lifts only, as required by HB 817 (2013 Regular Session). Must have a Mississippi licensed Limited Elevator Mechanic in employment to receive this license. Must provide the following documentation with this application:

1.) A current insurance policy, or certified copy thereof, issued by an insurance company authorized to do business in the state to provide general liability coverage of at least one million dollars (\$1,000,000) for injury or death of any number of persons in any one occurrence and at least five hundred thousand dollars (\$500,000) for property damage in any one occurrence and the statutory workers' compensation insurance coverage. **Annual verification required.**

Effective Date: \_\_\_\_\_

2.) A list of all Mississippi licensed mechanics in your employ, at the time of application.

3.) Check or money order in the amount of \$300.00 made payable to the Mississippi Insurance Department.

Number of years your company has been in the business of installing, maintaining, servicing or inspecting platform and stairway lifts. \_\_\_\_\_

All records of criminal convictions for any principal owner or employee; if none, please so state.

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