

MIKE CHANEY
Commissioner of Insurance
State Fire Marshal

MARK HAIRE
Deputy Commissioner of Insurance



MAILING ADDRESS:
P.O. Box 79
Jackson, MS. 39205-0079
Phone: 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

INVOICE/DEFICIENCY NOTICE

Date: _____
Attn: _____

Dear Building Owner or Manager,

This invoice is for the State required **Annual Certificate of Operation** per the Mississippi Conveyance Safety Act-HB 817.

The charge for a certificate is \$75.00 **per** elevator or escalator. Please select the statement that best reflects your current status concerning the correction of any violations and return this letter with your payment. Remember, fees are \$75.00 per unit. After payment is received we will issue an Annual Certificate for each elevator/escalator. The total amount due: ___ x \$75.00=\$ _____

The Elevator inspection report(s) showing code violations of your elevator/escalator equipment are enclosed. When these deficiencies (violations) have been corrected or scheduled to be corrected; sign below by your chosen statement and submit your payment along with this letter to:

Elevator Safety Division
PO Box 79
Jackson, MS 39205

Please call me if you have any questions.

Gary Brewer
601-359-9497
Elevator Safety Division

Deficiencies were corrected on _____(Date) Signature _____

Deficiencies are scheduled to be corrected by _____(Date);
Signature _____