



ARKANSAS ELEVATOR SAFETY BOARD
ARKANSAS DEPARTMENT OF LABOR AND LICENSING
 900 W Capitol, Suite 400, Little Rock, Arkansas 72201
 Phone 501-682-4538 TRS 800-285-1131
www.labor.arkansas.gov
ADLL.Elevator@arkansas.gov

APPLICATION FOR ELEVATOR INSPECTOR'S LICENSE

APPLICATION MUST BE FILLED OUT COMPLETELY

PLEASE PRINT CLEARLY

Individuals Name

To be printed on license: _____

Residence Address: _____

City: _____ County: _____ STATE: _____ ZIP: _____

Social Security #: _____-_____-_____

Phone #: (____) _____-_____ Preferred Contact Phone #: (____) _____-_____

Arkansas Code Annotated § 17-1-104 (Repl.2001) requires the Elevator Safety Section to transfer name, address and social security number information on application to the Office of Child Support Enforcement. Social Security numbers shall otherwise be maintained in a confidential manner as required by this statute.

Insurance

Providers Name: _____ Policy #: _____

Provider Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Agent's Name: _____ Agent's Phone #: (____) _____-_____

Please include a current copy of your certificate of liability insurance from insurance company. The certificate must show general liability coverage for at least one million dollars (\$1,000,000.00) for injury or death and five hundred thousand dollars (\$500,000.00) for property damage.

QEI Certificate #: _____

Date of Test: _____

PLEASE INCLUDE A COPY OF CURRENT QEI CERTIFICATION CERTIFICATE.

FOR OFFICE USE ONLY

DATE RECEIVED: _____ LICENSE #: _____

DATE ISSUED: _____ EXPIRATION DATE: _____

| | | | |
|-------------------------------------|--|--|--|
| Name of Company: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Employer Phone Number () - | | | |
| Name of Company: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Employer Phone Number () - | | | |
| Name of Company: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Employer Phone Number () - | | | |
| Name of Company: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Employer Phone Number () - | | | |
| Name of Company: | | | |
| Street Address: | | | |
| City/State/Zip: | | | |
| Employer Phone Number () - | | | |

Work experience required for licensure shall be documented by notarized letters or affidavits from past or present employers, official letters or certifications from other government licensing authorities detailing the duration and character of the work, or equivalent evidence that verifies work experience. The name, address, and telephone number of anyone verifying work experience shall be provided on the verification document.

I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT. I AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE ARKANSAS ELEVATOR SAFETY BOARD.

Signature of Applicant

Date

AFFIDAVIT OF INSPECTOR EMPLOYMENT EXPERIENCE

To: Arkansas Elevator Safety Board

Applicant Name: _____

Dates of Verification (MM/DD/YYYY): FROM: _____ TO: _____

Amount of hours in each type of work:

| | | |
|--------------|-------|-------|
| Designing: | _____ | Hours |
| Installing: | _____ | Hours |
| Maintaining: | _____ | Hours |
| Inspecting: | _____ | Hours |

TOTAL HOURS: _____

Work listed above was performed under the supervision of:

Supervisor Name: _____ License #: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: (_____) _____ - _____ Email : _____

Description of Applicant's job duties: _____

I state under oath the above and foregoing employment history is true and correct to the best of my knowledge and belief.

Affiant (Employer)Signature

Subscribed and sworn to before me this _____ day
of _____, 20____.

Notary Public

Employer Name (Please print)

Company

License number & Title

A separate affidavit must be furnished for each employer listed on the license application.

(PHOTOCOPY THIS FORM AS NEEDED)