



**ARKANSAS DEPARTMENT OF LABOR AND LICENSING**  
**ELEVATOR SAFETY BOARD – DESIGNATED INSPECTION PROVIDER FORM**  
**900 WEST CAPITOL AVE - LITTLE ROCK, AR 72201**

**ARKANSAS STATE ELEVATOR NUMBER(s)**

AS(s): \_\_\_\_\_

**PHYSICAL LOCATION OF ELEVATOR**

BUILDING NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 PHONE NUMBER: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

**DESIGNATED INSPECTION PROVIDER**

PREVIOUS PROVIDER:

	ARKANSAS DEPARTMENT OF LABOR AND LICENING - ADLL
	ATIS ELEVATOR INSPECTIONS
	ELEVATOR SAFETY INSPECTION SERVICES INC
	NEIS, BUREAU VERITAS NATIONAL ELEVATOR INSPECTION SERVICES INC

NEW PROVIDER:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Please fill out form entirely and email to [ADLL.Elevator@arkansas.gov](mailto:ADLL.Elevator@arkansas.gov)

**AGENCY USE ONLY**

DATE APPLICATION RECEIVED	DATE CHANGED	STAFF SIGNATURE
COPY ATTACHED TO ELEVATOR FILE:		