



Alabama Department of Labor
 Inspections Division
 649 Monroe Street
 Montgomery, Alabama 36131
 Office 334-956-7404 Fax 334-956-7405

Kay Ivey
 Governor
 Fitzgerald Washington
 Secretary of Labor

Application for Elevator Inspector's License

Applicants Name _____
 Residence Address _____

City _____ State _____ Zip _____

QEI-1 Number _____ Expiration Date _____ Issued by _____

New License [] Renewal [] Previous License Number _____

Applicant Phone Number _____ Email _____

Applicant Social Security # (required by Federal/State law for new license, not required for renewal) _____

Are you a US Citizen? Yes ___ (If Yes, provide a copy of driver's license or other acceptable form of identification.) No ___ (If No, provide acceptable documentation from the US Government with this application. For a list of acceptable identification you can visit our website at: http://labor.alabama.gov/docs/law/Inspections_AcceptableFormsofIdentification.pdf)

Elevator Inspector's License

Covers all activities of elevator/conveyance inspection as required by statute 25-13-1 (short title). The following must accompany the application for processing:

- 1.) 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.
- 2.) A legible copy of QEI-1 certification card.
- 3.) Check or money order, payable to the Alabama Department of Labor:
 in the amount of \$100.00 (initial and for renewal prior to expiration date) or
 in the amount of \$125.00 (for renewal of an expired license within one year of expiration date).

Number of years engaged in the business of inspecting elevators or related conveyances. _____

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

Signature _____ Date _____

For Office Use

Approved by _____