



Office of the State Fire Marshal
Elevator Safety Division
800 SW Jackson, Suite 104
Topeka, KS 66612
(785) 296-3401 Fax: (785)296-0151
KSFM_Elevators@ks.gov

**New Application
Renewal**

Kansas Elevator Contractor Application

**NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK.
IF ALL REQUIREMENTS FOR REGISTRATION ARE NOT MET WITHIN TWELVE (12) MONTHS OF THE FILING DATE,
THE APPLICATION WILL BE CLOSED.**

Business Name:

Telephone:

Fax:

Mailing Address: (PO Box is allowed for this address)

Number, Street, Suite No., Apt. No.:

City: State: Zip:

(Physical Location)

Number, Street, Suite No., Apt. No.:

City: State: Zip:

Contact Information: (Used for All Correspondence) (P.O. Box is allowed for this address.)

Name:

Title:

Mailing Address: (PO Box is allowed for this address)

Number, Street, Suite No., Apt. No.:

City: State: Zip:

Telephone:

Email:

Business Structure: (Select One) Sole Proprietorship Corporation Partnership
 Limited Liability Company Limited Liability Other *(attach a description)*

General Liability Insurance

Elevator contractors are required to satisfy proof of financial responsibility by maintaining general liability insurance coverage as stated below:

- (1) at least \$1 million per occurrence of bodily injury or death
- (2) at least \$500,000 per occurrence of property damage

A certificate of insurance must be attached to this application. See instructions for additional information.

Application continues on page 2...

Kansas Elevator Contractor Application (cont.)

NOTICE REGARDING APPLICABLE FEES

The fee for this application is \$500. All fees are non-refundable. Please submit your application and documents by email at: KSFM_Elevators@ks.gov. You will be invoiced for your fee, which can be paid by credit card on our website: firemarshal.ks.gov.

Statement of Contractor

I certify that I will maintain the required insurance and I will comply with all applicable provisions of Office of State Fire Marshal Elevator Safety Act. I understand that providing false information on this application may result in revocation or denial of the license I am requesting and the imposition of administrative penalties.

I certify that prior to beginning the installation or alteration of regulated equipment at any location, I shall submit and have approved an application and detailed plans describing the installation or alteration.

Contractor Print Name:

Date

Contractor Signature

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

**RECEIPT
NUMBER:**

**FEE
AMOUNT:**

**PMT
AMOUNT:**

**PMT
TYPE:**