



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](mailto:KSFM_Elevators@ks.gov)

**New Application  
Renewal**

## Kansas Elevator Inspector Application

**NOTE: AN APPLICATION IS NOT CONSIDERED COMPLETE UNTIL ALL ITEMS HAVE BEEN SUBMITTED AS REQUIRED. IF ALL REQUIREMENTS FOR REGISTRATION ARE NOT MET WITHIN THIRTY (30) DAYS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.**

**\*\*LICENSES MUST BE RENEWED EVERY TWO (2) YEARS.**

Select Type(s) of  
Unit(s) Inspected:    Elevator    Escalator    Power-Driven Stairway    Moving Walkway    Platform Lift    Stairway Chair Lift

**Applicants Full Name:**

Last

First

Middle

**Date of Birth:**

**Sex:**

Male

Female

**Business Name:**

*(Attach proof of  
registration of name)*

**Mailing Address:** *(Used for All Correspondence) (P.O. Box is allowed for this address.)*

**City:**

**State:**

**Zip:**

**Telephone:**

**Email:**

## ANSI Certification

**Certification Number:**

**Issue Date:**

**Expiration Date:**

*Application continues on page 2...*

**STATEMENT OF APPLICANT**

**I CERTIFY THAT I HAVE READ AND WILL ABIDE BY THE ELEVATOR ACT AND THE OFFICE OF THE KANSAS STATE FIRE MARSHAL LICENSING RULES. UPON REQUEST OF THE DEPARTMENT, I AGREE TO MAKE AVAILABLE ALL RECORDS REQUIRED BY THE ACT.**

**By Signing this application, I certify all information submitted on this and attached forms is true and accurate.**

**Applicant Print Name:**

**Date:**

**Applicant Signature:**

**Important Notice Regarding your Application**

➤ **General Liability Insurance**

*Elevator inspectors 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.***

- ***ALL data requested on this application form must be completed.***
- ***This application must be signed and dated by the applicant.***
- ***A copy of both sides of the applicant's ANSI Certification Card must be submitted with this application.***
- ***Submit form and supporting documentation together in one email to: [KSFM\\_Elevators@ks.gov](mailto:KSFM_Elevators@ks.gov).***
- ***The fee for registration as an Elevator Inspector is \$250. Your fee can be paid by credit card at: [Fire Marshal Elevator Payment Portal. \(https://firemarshal.ks.gov/FormCenter/Elevators-28/Elevator-Payment-Portal-134\)](https://firemarshal.ks.gov/FormCenter/Elevators-28/Elevator-Payment-Portal-134)***
- ***Licenses must be renewed every two (2) years.***