



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 Mechanic 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 TWELVE (12) MONTHS  
OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.**

**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:**

**All new applicants must demonstrate proper qualifications by submitting documentation of one of the following per the Kansas Elevator Safety Act:**

- **Certificate of completion from the national association of elevator contractors certified elevator technician certification program, national elevator industry education apprenticeship program or other equivalent nationally approved apprenticeship program; OR**
- **A valid license from a state having standards substantially equal to those of this act and the rules and regulations adopted pursuant thereto; OR**
- **Verified proof that applicant has worked as an elevator mechanic without supervision for at least 8,000 hours within the six (6) years prior to the date of application.**

### **Criminal History**

- |  |     |    |
|--|-----|----|
| 1. Have you ever been convicted of, or placed on deferred adjudication for, any misdemeanor or felony, other than a minor traffic violation? | Yes | No |
| 2. Have you had a license, certification or registration suspended, revoked or denied in any state?  | Yes | No |

*If the answer to (1) or (2) is YES, submit copies of all indictments, information, judgments, orders, and charges, as well as a detailed written explanation of the relevant events.*

*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**

- **ALL data requested on this application form must be completed.**
- **This application must be signed and dated by the applicant.**
- **Email form and supporting documentation to: [KSFM\\_Elevators@ks.gov](mailto:KSFM_Elevators@ks.gov).**
- **The fee for registration as an Elevator Mechanic is \$150. You will be invoiced for your fee, which can be paid by credit card at: [firemarshal.ks.gov](http://firemarshal.ks.gov).**