



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 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 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) Repaired: 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:

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

➤ **General Liability Insurance**

Elevator mechanics 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.***
- ***Submit form and supporting documentation together in one email to: KSFM_Elevators@ks.gov.***
- ***The fee for registration as an Elevator Mechanic is \$150. 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.***