



Kansas 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

Kansas Elevator Contractor Application Instructions

An Application is not considered complete until all items have been submitted as required. Elevator Contractor license is good for two (2) years.

GENERAL INSTRUCTIONS:

The application must be completed and signed by the applicant. All information provided must be typed or clearly printed in **black ink**.

1. **Business Name** - Full name business is operating under.
2. **Telephone Number** - Write the area code and telephone number of business.
3. **Fax Number** - Write the area code and fax number of the business.
4. **Business Physical Address** - This address is the actual location of the business. If this address is the same as your mailing address, you may write SAME. A post office box will not be accepted as a physical address.
5. **Contact Name & Title** - Please write your name and title in the spaces provided.
6. **Mailing Address** - Provide the mailing address to be used for all correspondence.
7. **Telephone number** - Write the area code and telephone number of the contact person. If this number is the same as the business number, you may write SAME.
8. **Business Email Address** - Write your business email address. By providing the email address I authorize Kansas State Fire Marshal to send licensing communications and required notices to me by electronic mail. I understand that I may revoke this authorization in writing and that I must update my email address, or I will not receive these notices. I understand that the email address I provide on this application will be available to the public.
9. **Business Organization** - Indicate in the box provided how the business is organized. Check only one.

Insurance:

You must attach proof of the minimum liability insurance required by K.S.A. 44-1807 .

Liability Insurance:

Elevator contractors are always required to maintain at least the minimum general liability insurance to satisfy proof of financial responsibility. The insurance must be the following:

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

Proof of the required general liability insurance may be submitted on an industry standard certificate of insurance form or on a certificate of insurance form approved by the Kansas Department of Insurance. The certificate of insurance must contain a 30-day cancellation notice to The Kansas State Fire Marshal. Insurance must be obtained from an insurance provider authorized to sell general liability insurance in Kansas pursuant to the Kansas Insurance Code.

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Kansas Elevator Contractor Application Instructions (cont.)

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.

Your fee can be paid by credit card at our website: Fire Marshal Elevator Payment Portal. (<https://firemarshal.ks.gov/FormCenter/Elevators-28/Elevator-Payment-Portal-134>).

CONTRACTOR SIGNATURE

Before you sign, carefully read the statement at the bottom of the application. Be aware that information provided on this application and any attachments are subject to audit. Providing false information may result in revocation or denial of this license and the imposition of administrative penalties.

Sign the application, print your legal name and date the application. The owner may be an officer of the business.

Any deviation from these instructions may delay the processing of your application. Documents submitted with the application will not be returned. Keep a copy of the completed application, all attachments and your paid receipt. Do not submit forms that are not required.

If you have any questions regarding the submission process of the Kansas Elevator Contractor Application, please contact our office at (785) 296-3401 or email: KSFM_Elevators@ks.gov.