



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

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 THIRTY (30) DAYS OF THE FILING DATE, THE APPLICATION WILL BE CLOSED.
****LICENSES MUST BE RENEWED EVERY TWO (2) YEARS.**

Business Name
Phone 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. PO 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
Phone 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 provide proof of financial responsibility by maintaining general liability insurance coverage per K.S.A. 44-1807.

- (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.

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Kansas Elevator Contractor Application (cont.)

NOTICE REGARDING APPLICABLE FEES

The fee for this application is \$500. All fees are non-refundable. Licenses must be renewed every two (2) years. Please submit your application and documents by email at: KSFM_Elevators@ks.gov. Your fee can be paid by credit card on our website: Fire Marshal Elevator Payment Portal.

<https://firemarshal.ks.gov/FormCenter/Elevators-28/Elevator-Payment-Portal-134>

Statement of Contractor

I certify that I will maintain continuous insurance coverage in the type and minimum amounts required under the Kansas Elevator Safety Act (K.S.A. 44 1801 et seq.) and implementing regulations. I further certify that I will comply with all provisions of the Kansas Elevator Safety Act, and amendments thereto, and any rules or regulations adopted by the Kansas State Fire Marshal that are applicable to my license and work as an elevator contractor. 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 any installation or alteration of regulated equipment at any location, I shall submit and have an approved application of detailed plans describing the installation or alteration to The Kansas State Fire Marshal prior to performing the work.

Contractor Print Name

Contractor Signature

Date

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW - For KSFM Use Only

RECEIPT

FEE

PMT

PMT

NUMBER

Amount

Account

TYPE