



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 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.**

Applicants Full Name
Last First Middle

Date of Birth Sex: Male Female

Business Name
(Attach proof of business registration)

Mailing Address (Used for All Correspondence. PO Box is allowed for this address)

City State Zip
Phone 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 has standards substantially equal to those of this act and the rules and regulations adopted pursuant there to, OR
- Verified proof that applicant has worked as an elevator mechanic without supervision for at least 4,000 hours within the six (6) years prior to the date of application.

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STATEMENT OF APPLICANT

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 mechanic. UPON REQUEST, I AGREE TO MAKE AVAILABLE ALL RECORDS REQUIRED BY THE ACT.

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

Applicant Print Name

Applicant Signature

Date

Important Notice Regarding your Application

• General Liability Insurance

Elevator mechanics are required to satisfy 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.

- 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.***
- 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>)***
- Licenses must be renewed every two (2) years.***