



**Illinois Office of the State Fire Marshal
 Division of Elevator Safety
 James R. Thompson Center
 100 West Randolph Street, Suite 4-600
 Chicago, IL 60601
 312-814-1325
 Fax 312-814-3459**



Application for Elevator Inspector License

Any person that shall inspect any conveyance contained within buildings or structures in the jurisdiction of this State must be licensed by the Office of the State Fire Marshal in accordance with the Elevator Safety and Regulation Act [225 ILCS 312 et. seq.].

All *Applications for an Elevator Inspector License* must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, James R. Thompson Center, 100 W. Randolph Street, Suite 4-600, Chicago, IL 60601. **The Office will invoice you the \$450.00 application fee. Do not submit payment with application.** The Elevator Safety Division will process *Applications* in the order they are received and shall issue the applicant a license upon receipt of payment or notify the applicant of the reason for the denial.

OFFICIAL USE ONLY

 Inspector License Number

 Date Issued

1. Applicant

Applicant Name:	Social Security Number:
Street Address:	
City/State/Zip Code:	
Phone Number:	Date of Birth:
Email Address:	Years of Experience:

2. Current Employer

Name of Business:	Illinois Inspection Company License Number (if applicable) or FEIN #:
Address:	
City/State/Zip Code:	
Phone Number:	Fax Number:

EMPLOYER SIGNATURE: By signing below, the business owner hereby attests that it currently employs the above-listed Applicant.

Signature _____

Name _____

Title _____

3. ASME QEI-1 Qualifications & Photograph Requirements

Please attach a copy of the certificate of successful completion and a copy of your current QEI card. **You must include a 2" x 2" passport photograph with your application.**

4. Insurance Policy

If you **are not employed** by a Licensed Inspection Company or a Licensed Contractor, you must also apply for an Illinois Elevator Inspection Company license. This form is also available on our website. With that application you need to provide the agency with an insurance policy or certified copy thereof, issued by an insurance company authorized to do business in the State, to provide the company and you with general liability coverage of at least \$1,000,000 for injury or death of any number of persons in any one occurrence, with coverage of at least \$500,000 for property damage in any one occurrence and statutory workers compensation insurance coverage. These policies, or duly certified copies thereof, or an appropriate certificate of insurance, approved as to form by the Department of Insurance, shall be delivered to the Administrator before or at the time of the issuance of a license. In the event of a material alteration or cancellation of a policy, at least 10 days notice thereof shall be given to the Administrator. Submit as Attachment A.

If you **are employed** by a Licensed Inspection Company, you need to provide the agency with a copy of their Certificate of Insurance indicating coverage as listed above.

5. Applicant Signature

I certify under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the licensing process.

Applicant Signature

Date

Revised 8/23/2017 res

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.