

STATE OF WEST VIRGINIA
WEST VIRGINIA DIVISION OF LABOR
ELEVATOR SAFETY SECTION
1900 KANAWHA BOULEVARD, EAST
STATE CAPITOL COMPLEX - BUILDING 3, ROOM 200
CHARLESTON, WV 25305
PHONE 304-558-7890
FAX 304-558-2415
www.labor.wv.gov

APPLICATION FOR PRIVATE ELEVATOR INSPECTOR

§21-3C-1. (17) “Private inspector” means a person who has been examined and issued a certificate of competency to inspect elevators within this state.			
PERSONAL INFORMATION			
Qualified Elevator Inspector (QEI) Number <i>Please attach copy of current QEI card.</i>			
Last	First	Middle	Suffix (Mr. Ms., etc.)
Positions	Officer	Employee	Stockholder
List any other names used			
MAILING ADDRESS			
Street Address or Post Office Box			
City		State	Zip Code
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		Primary Fax Number
BUSINESS LOCATION ADDRESS AND CONTACT INFORMATION			
Employed By		dba	
Mailing Address			
City		State	Zip Code
Physical Location of Business			
Telephone	Fax		Email

EMPLOYMENT HISTORY

List all work experience beginning with your present (initial application only) or most recent job. Any change in duties, title or employment status must be listed as a separate job. If you need additional space, please attach a separate page.

1. Employer Name and Address			
Type of Business	Name of Supervisor	Position Held	Employer Phone Number
Employment Dates From: _____ to _____ month/year month/year	Employment Status _____ Paid Employment _____ Full Time _____ Part Time _____ No of hours per week _____ Volunteer		
2. Employer Name and Address			
Type of Business	Name of Supervisor	Position Held	Employer Phone Number
Employment Dates From: _____ to _____ month/year month/year	Employment Status _____ Paid Employment _____ Full Time _____ Part Time _____ No of hours per week _____ Volunteer		
3. Employer Name and Address			
Type of Business	Name of Supervisor	Position Held	Employer Phone Number
Employment Dates From: _____ to _____ month/year month/year	Employment Status _____ Paid Employment _____ Full Time _____ Part Time _____ No of hours per week _____ Volunteer		
4. Employer Name and Address			
Type of Business	Name of Supervisor	Position Held	Employer Phone Number
Employment Dates From: _____ to _____ month/year month/year	Employment Status _____ Paid Employment _____ Full Time _____ Part Time _____ No of hours per week _____ Volunteer		

The following sections are not required for any inspector who does not also hold an ownership interest in the inspection company. Please proceed to signature page.

TYPE OF OPERATION

Corporation	Partnership	LLC	Individual
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CORPORATION, PARTNERSHIP OR LLC

If your company is a corporation, list state and date of incorporation: State: _____ Date: _____

If your company is a Corporation, Partnership or LLC, list names and titles of all current officers, or partners, members and stock holders and percentage of interest held by each in the company.

Name	Title	% Interest
Name	Title	% Interest
Name	Title	% Interest
Name	Title	% Interest

SOLE PROPRIETORSHIP AND GENERAL PARTNERSHIPS

You are required to provide your proof of filing this assumed name with the clerk of the county commission in the county where the principal place of business is located (WV Code 47-8-2)

Principal place of business: County: _____ Date Filed: _____

ADDITIONAL REGISTRATION INFORMATION

WV Business Registration Tax Number
Federal Taxpayers Identification Number
WV Unemployment Compensation Fund Number
WV Workers Compensation Number
WV Contractors Licensing (21-11) Number

INSURANCE

Name of Liability Insurance Carrier	
Address	Telephone
Insurance Policy Number	Amount of Coverage

SIGNATURE

I hereby certify that I have read and understand the state laws and rules regulating the inspection of elevators. I hereby further state that I will engage in the business indicated, under the business designated herein, only during the tenure of the approval period for which this application is made. I certify that I have obtained all appropriate licenses from municipalities and counties required by West Virginia law. I also certify that all statements made on this document are true. I understand that any misstatement of facts herein may invalidate my application and registration.

Signature

Date

Dated and signed this _____ day of _____ 20____ at _____.

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____ 20_____.

Notary Public

SEAL

My Commission Expires _____