

**Arkansas Elevator Safety Board  
Arkansas Department of Labor  
10421 West Markham  
Little Rock, AR, 72205  
Phone: 501-682-4538 Fax: 501-682-1765 TRS: 800-285-1131**

**APPLICATION FOR ELEVATOR CONTRACTOR LICENSE**

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**APPLICATION MUST BE FILLED OUT COMPLETELY    *PLEASE TYPE OR PRINT***

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Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
Licensed Mechanic Name: \_\_\_\_\_ License #: \_\_\_\_\_

The Arkansas Elevator Safety Rules and Regulations require that a permanent office be located in the State of Arkansas with an individual designated by the contractor to receive notices on behalf of the contractor or be currently registered with the Secretary of State with a designated agent for service of process who is also authorized to receive notices on behalf of the contractor.

Insurance Provider Name: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Provider Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Agent's Name: \_\_\_\_\_ Agent's Phone #: \_\_\_\_\_

Please include a current copy of your certificate of liability insurance from insurance company. The certificate must show general liability coverage for at least one million dollars(\$ 1,000,000) for injury or death and five hundred thousand dollars(\$ 500,000) for property damage.

**I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT. I AGREE TO ABIDE BY ALL RULES AND REGULATIONS OF THE ARKANSAS ELEVATOR SAFETY BOARD.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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*Please do not write below this line*

Date Received: \_\_\_\_\_

License #: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_