

Asa Hutchison  
Governor



State of Arkansas  
Arkansas Department of Labor and Licensing  
Division of Labor  
Elevator Safety Section

Ralph T. Hudson  
Director

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[www.labor.arkansas.gov](http://www.labor.arkansas.gov)

**APPLICATION FOR ELEVATOR CONTRACTOR LICENSE**  
**APPLICATION MUST BE FILLED OUT COMPLETELY**

Company Name:	Phone:
Address:	City:
State:	Zip Code:
Contact Person:	Contact Phone:
Email Address:	
Licensed Mechanic Name:	License Nbr.:

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 INFORMATION**

Insurance Provider Name:	Policy #:	
Provider Address:		
Provider Ph:	Provider Fax:	
City:	State:	Zip:
Agent Name:	Agent Ph:	
Agent Email:		

Application shall include a current copy of your certificate of liability insurance from your 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

\_\_\_\_\_  
Printed Signature

\_\_\_\_\_  
Date

Rev 3-2021

<b>INTERNAL USE ONLY</b>	
Date Received	License #
Date Issued:	Expiration Date: