

Sarah Sanders
Governor



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

Ralph T. Hudson
Director

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**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 1-2023

INTERNAL USE ONLY	
Date Received	License #
Date Issued:	Expiration Date: