



**State of Arkansas
Arkansas Department of Labor and Licensing
Code Enforcement
Elevator Safety Section**

900 WEST CAPITOL STE 400, LITTLE ROCK, AR 72201
Phone: 501-682-4500 Fax: 501-682-1765 TRS: 800-285-1131
 Website: www.labor.arkansas.gov
 Email: ADLL.Elevator@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 #:

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 #:	
Mailing Address:			
City:	State:	Zip:	Providers Phone:
Insurance Agency Name:			
Agent Name:	Phone:	Fax:	
Mailing Address:	City:	State:	Zip:
Agent Email Address:			

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.

Applicant Signature:	Applicant Title:
Printed Name:	Date:

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