



# Mechanical Compliance Section

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## AUTHORIZED INSPECTION AGENCY (AIA) APPLICATION FORM

Business Name:		State of NV Business License #:		
Mailing Address:		City:	State:	Zip:
Primary Contact Name:	Phone:		Email:	
Additional Contact Name:	Phone:		Email:	
Inspection Records Physical Location Address:		City:	State:	Zip:
Insurance Checklist:				
<input type="checkbox"/> Workers' compensation insurance pursuant to chapters 616A to 617, inclusive, of NRS for its employees;				
<input type="checkbox"/> Insurance for professional errors and omissions covering its inspection activities in this State in an amount of not less than \$4,000,000; and				
<input type="checkbox"/> Commercial general liability insurance in an amount of not less than \$4,000,000.				
Name of each Special Inspector who will be employed by the applicant to conduct elevator inspections (Name and QEI#):				
Printed Name:	Signature:	Title:	Date:	