



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: