



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
MECHANICAL COMPLIANCE SECTION

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:	

Reno: 4600 Kietzke Ln, Suite F-151, Reno, NV 89502 - Telephone (775) 688-3750

Las Vegas: 3360 W. Sahara Avenue, Suite 170 Las Vegas, Nevada 89102 - Telephone (702) 486-9054
<https://dir.nv.gov/>