



# Mechanical Compliance Section

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- Email: MCS@dir.nv.gov

## APPLICATION FOR ISSUANCE OR RENEWAL OF A CERTIFICATE OF COMPETENCY TO WORK AS AN ELEVATOR SPECIAL INSPECTOR

PLEASE PRINT OR TYPE

Initial  Renewal

1. Name of Applicant: \_\_\_\_\_ License No. \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Mailing Address:

Street/Apt./PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_

Employer Contact Name/Title: \_\_\_\_\_

Employer Mailing Address:

Street/Suite/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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3. **Employment Letter:** Applicant must supply a letter from an Authorized Inspection Agency stating that the applicant is employed by or affiliated with the Authorized Inspection Agency.
4. **Verification of Qualifications:** Applicant must provide verification that they hold a current Qualified Elevator Inspector certification issued by an organization that holds a QEI Certificate of Accreditation.
5. **Photograph:** Include a recent photograph. Photograph may be in digital format (.jpg, .gif, etc.) or may be a high-quality printed copy.
6. **License Fees:** INCLUDE a license fee of \$150.00 for initial certification, or \$75.00 for renewal. Certifications not renewed by their expiration date are expired and may not be renewed. Make check, cashier's check or money order payable to **Division of Industrial Relations**. No other forms of payment are authorized.
7. **Please read and sign the following statement:**

I hereby certify that all of the information provided in this application is complete and true to the best of my knowledge. I further certify that I will comply with all requirements applicable under Nevada Revised Statutes 455C and Nevada Administrative Code 455C.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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## MANDATORY REQUIREMENT FOR LICENSING

Federal Welfare Reform, as implemented by the 1997 Session of the Legislature by SB 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and for renewals. Please mark the appropriate response. Failure to complete this section will result in denial of the application.

- I am **NOT** subject to a court order for the support of a child.
- I **AM** subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and **AM NOT** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

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**REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE**

**Pursuant to NRS 353C.1965**

**All applicants MUST complete this section**

**Please select ONE option**

I have a Nevada business license number assigned by the Nevada Secretary of State upon compliance with the provisions of NRS Chapter 76.

**My Nevada Business License Number:** \_\_\_\_\_

I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.

I do **NOT** have a Nevada business license number.

Information about the Nevada business license can be found on the Secretary of State's website at:  
<http://nvsos.gov/>.

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