



Illinois Office of the State Fire Marshal
Division of Elevator Safety
555 West Monroe Street, Suite 1300-N
Chicago, IL 60661
312-814-1325
Fax 312-814-3459



Application for Elevator Inspection Company License

Any inspection company that shall inspect any conveyance contained within buildings or structures in the jurisdiction of this State must be licensed by the Office of the State Fire Marshal in accordance with the Elevator Safety and Regulation Act [225 ILCS 312 et. seq.].

All *Applications for Elevator Inspection Company Licenses* must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, 555 West Monroe Street, Suite 1300-N, Chicago, IL 60661 . **The Office will invoice you the \$500.00 application fee. Do not send payment with application.** The Elevator Safety Division will process the *Application* in the order it is received and shall issue the company a license upon receipt of payment or notify the applicant of the reason for the denial.

OFFICIAL USE ONLY

Inspection Company License Number

Date Issued

1. Inspection Company:

Company Name:	FEIN or Social Security Number of Owner:
Street Address:	
City/State/Zip Code:	
Phone Number:	Fax Number:
Email:	

2. Type of Business:

- ☐ Sole Proprietor ☐ Partnership ☐ Illinois Corporation
☐ Foreign Corporation (Please complete the following information).

Name of State Incorporated: _____

Name of Registered Agent in Illinois:	
Address:	
City/State/Zip Code:	
Phone No.:	Fax No.:

Include a copy of the Certificate of Authority to transact business in the State from the Illinois Secretary of State if you are a Corporation or an Assumed Name Certificate issued by the County in which the business is located if you are a Sole Proprietor or a Partnership. Submit as Attachment A.

3. ASME QEI-1 Qualifications (Designee):

Inspection company licenses shall be granted to any company that has one or more officers who meet the current ASME QEI-1 standards for the qualifications of elevator inspectors (ILCS 312/50). The person signing this application must attach a current QEI-1 certification card. Submit as Attachment B.

Name of Designee:	Illinois Inspector's License No.:
Street Address:	
City/State/Zip Code:	
Phone Number:	Fax Number:
Email Address:	QEI No. & Expiration Date:

4. Insurance Policy:

You need to provide the agency an insurance policy or certified copy thereof, issued by an insurance company authorized to do business in the State, to provide general liability coverage of at least \$1,000,000 for injury or death of any number of persons in any one occurrence, with coverage of at least \$500,000 for property damage in any one occurrence and statutory workers compensation insurance coverage. These policies, or duly certified copies thereof, or an appropriate certificate of insurance, approved as to form by the Department of Insurance, shall be delivered to the Administrator before or at the time of the issuance of a license. In the event of a material alteration or cancellation of a policy, at least 10 days' notice thereof shall be given to the Administrator. Submit as Attachment C.

5. Additional Required Information:

- ☐ Provide a list of the names of all the principal officers, partners or owners of the business. Include their business and personal addresses. Submit as Attachment D.
- ☐ Identify the address of all business locations from which the business in Illinois is being conducted. This includes offices located outside Illinois. Submit as Attachment E.
- ☐ Please provide a list of the names of all licensed inspectors the company employs. Submit as Attachment F.

6. Company Officer Signature:

I certify under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the licensing process.

Applicant Signature (Current QEI #)

Date

Title

Revised 9/21/2017

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.