

**Iowa Division of Labor****Elevator Safety**

150 Des Moines Street

Des Moines, IA 50309-1836

Phone: 515-725-5612/515-725-5608 | Fax: 515-242-5076

[elevators@iwd.iowa.gov](mailto:elevators@iwd.iowa.gov) | [www.iowaelevators.gov](http://www.iowaelevators.gov)**Application for Elevator Special Inspector Commission****INSTRUCTIONS**

Send the completed application with following attachments to the address above:

1. Copy of the applicant's current, valid QEI certification
2. \$60.00 annual fee (check or money order made out to Division of Labor – Elevator Safety)
3. Proof of insurance. The applicant shall provide evidence of insurance covering liability for death or injury caused by acts or omissions by applicant. The minimum required insurance coverages are (employer may hold the policy):
  - \$1,000,000 for bodily injury or death of one person in an accident
  - \$5,000,000 for bodily injury or death of more than one person in an accident
  - \$100,000 for property damage in one accident.

**FOR OFFICE USE ONLY**

New

Renewal

Check Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Name			Social Security number		
Home address		City		State	Zip
Home phone number	Mobile phone number	Email address			
Employer name				Business phone number	
Address		City		State	Zip
NAESA QEI number/expiration date	EIWPF QEI number/expiration date	Other QEI certifying agency name/number/expiration date		High School and year graduated (or G.E.D.)	

Please list the last three years of full time work experience in the construction, installation, repair or inspection of devices regulated by the Iowa State Elevator Code. If additional space is needed, please attach a separate sheet of paper to the application.

Dates of employment	Employer's name, address and phone number	Description of work

If any of the information above changes, I will notify the Division of Labor within 30 days of the change. I understand and agree that I will need to apply for a new commission if I change jobs. I agree that should I not maintain my QEI certification, my Iowa Special Inspector Commission becomes null and void. I certify that the information on this form and the attachments is true and accurate to the best of my knowledge. I understand the Division of Labor may deny this application or revoke my commission if I knowingly make false or fraudulent statements. I agree by making this application to receive and accept service for any official notice or mailings from the Division of Labor at either of my addresses listed above, pursuant to Iowa code section 17A.2. I certify that I have read and understand the Iowa code and administrative rules found at [www.iowaelevators.gov](http://www.iowaelevators.gov). I also understand that I may meet with the Chief Inspector for additional information.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**Notice:**

Iowa Code Chapters 252J and 272D require special inspector commissions to be maintained by social security number. If you withhold your social security number, this application will be denied. Your social security number may be shared with the other government agencies. If you are behind in payments, this or future applications may be denied, or your special inspectors commission may be suspended or revoked.