



City of Albany  
Division of Buildings & Regulatory Compliance  
City Hall- Room 303  
Albany, NY 12210  
Phone (518) 434-5165  
Fax (518) 434-6015

## Elevator Inspector License Application

**Inspector:**  New  Renewal      Date \_\_\_\_\_      **Installer:**  New  Renewal

Corporation \_\_\_\_\_ Date Incorporated \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

1. Individuals:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone ( ) \_\_\_\_\_

2. Year(s) engaged in business \_\_\_\_\_

3. Are you familiar with NYS Uniform Fire Prevention & Building Code Part 1062, RS.60, Part 1250.3?  
 Yes  No

4. Do you qualify under the current ANSI/ASME QEI Standard for the Qualification of Elevator Inspectors or other relevant criteria?  Yes  No

If yes, please fill in information below and attach a copy of your latest card:

Name	Date Issued	Certificate #	Expiration Date

5. Approximate number of persons to be employed \_\_\_\_\_
6. Proof of Compensation covering employees and Disability Insurance, General Liability, Personal Injury and Property Damage Insurance:

Attached hereto and forming a part of the application herein are certificates of insurance specifying the following insurance coverage:

<input type="checkbox"/> Workmen's Compensation	General Comprehensive Liability	Amount of Coverage
<input type="checkbox"/> Disability Insurance	1. Personal Injury	\$ _____
	2. Property Damage	\$ _____

7. Has any license previously issued to applicant by the City of Albany been denied, suspended or revoked?  No  Yes If yes, give date and reason for such denial, suspension or revocation:

\_\_\_\_\_

8. Have you ever been convicted of a crime?  Yes  No

9. Are you presently licensed by any other municipality in New York State?  No  Yes  
If yes, which one(s) \_\_\_\_\_

10. I, \_\_\_\_\_, hereby apply to the Division of Buildings & Regulatory Compliance of the City of Albany for a License pursuant to Ordinance Number 60.121.98, Chapter 175 (Elevators) of the Code of the City of Albany to engage in business of Installation, Inspection and Servicing of elevators.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Commissioner of Deeds

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For Office Use Only

Approved  Disapproved Date \_\_\_\_\_ License # \_\_\_\_\_