



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER



Ralph T. Hudgens, Commissioner

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**SAFETY FIRE
SAFETY ENGINEERING
GID-327-SF JAN2016**

Application For Examination For Elevator Inspector Or Commission

Full Name _____ Birthdate _____

Present Residence _____
(Number, Street, City, State, Zip Code)

Employer Name _____

Employer Address _____
(Number, Street, City, State, Zip Code)

1. EDUCATION					
Institutions Attended	Period of Attendance*				Degree(s) Received (M.E., E.E., C.E., etc.)
	From		To		
	From		To		
	From		To		

2. ELEVATOR SHOP EXPERIENCE, ENGINEERING EXPERIENCE, SPECIAL EDUCATION COURSES**					
Employer's Name	Period of Employment*				Employed as**
	From		To		
	From		To		
	From		To		

3. ELEVATOR INSTALLATION EXPERIENCE					
Employer's Name	Period of Employment*				Employed as**
	From		To		
	From		To		
	From		To		

4. ELEVATOR EXPERIENCE					
Employer's Name	Period of Employment*				Employed as**
	From		To		
	From		To		
	From		To		

5. ELEVATOR INSPECTION EXPERIENCE					
Employer's Name	Period of Employment*				Employed as**
	From		To		
	From		To		
	From		To		

*Give month and year of each period of employment

**Explain on reverse side.

By signing, the applicant certifies the above information is correct and, further, agrees to abide by Georgia Board Bylaws (including appendices thereto).

Signature of Applicant

Date

Exam	FEES	\$60	Address To Remit By Mail: Office Of Insurance And Safety Fire Commissioner Fire Safety Division – Safety Engineering P.O. Box 935467 Atlanta, GA 31193-5467	Address To Remit By Courier: Office Of Insurance And Safety Fire Commissioner Fire Safety Division – Safety Engineering P.O. Box 935467 Wells Fargo Lockbox Services 3585 Atlanta Ave., Hapeville, GA 30354
	OR			
Commission EC	\$25			

Applicant's employer must complete the following and submit this application along with a copy.

On behalf of the applicant's employer, I hereby certify that the applicant possesses the education and experience indicated herein and satisfies the requirements of the Georgia Elevator Advisory Board.

Signature of Responsible Company Official

Title

Date