City of Rochester

one city ROCHESTER

ELEVATOR INSPECTION COMPANY CERTIFICATE OF REGISTRATION

Elevator Examining Board
City Hall, Room 121-B
30 Church Street
Rochester, New York 14614

Summary of Instructions

To obtain an Elevator Inspection Company Certificate of Registration:

1. Complete the attached application and **submit it with the required application fee payable to City of Rochester, Treasurer**, to the Building Permit Office, Room 121-B, 30 Church Street, Rochester, New York 14614. Forms of payment include; money order, personal check, Visa /MasterCard and cash **(please do not send cash in the mail)**. The required application fee of $100.00 is due at the time of application.

2. Submit proof that you meet the minimum requirements established for certification. These requirements are described below. Read carefully the instructions for references and documentation found later in this brief.

3. Submit evidence of insurability in levels as specified by the Commissioner of Neighborhood and Business Development.

Questions about when a certificate is required, qualifications for certification, fees, penalties, etc., can be answered by contacting 585-428-9339, online at cityofrochester.gov, by going to the Building Permit Office, Room 121-B, City Hall, or by obtaining the Elevator Code Book Chapter 50.

Minimum Requirements for Registration

The Elevator Examining Board has interpreted these minimum applicable requirements for certification:

1. Applicant will maintain an office within a 100 mile radius of Rochester, New York and have supervision available on a day to day basis a minimum of eight (8) consecutive hours per day.

2. Applicant must have in its employ at least one QEIS licensed by the City of Rochester. This inspector must be assigned to the Rochester area of the company and be available on a day to day basis.

3. Applicant must submit a certificate of insurance from an insurance company licensed to do business in the State of New York as evidence of insurability in levels as specified by the Commissioner of Neighborhood and Business Development.

   Minimum insurance limits are as follows:

Bodily injury	$1,000,000
Property damage	$1,000,000
Products and completed operations	$1,000,000
Worker's Compensation/Disability Ins.	100/500/100

4. Pay the required application fee at the time of application.

5. File reports in a timely manner as required by Chapter 5, Article IV, 50-25E of the City of Rochester Code.

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PART I. GENERAL INFORMATION (Please Print)

Submitted by (Company Name)				**Certification Date**
Corporation _____ Co-Partnership _____ Individual _____				
Address	City	State	Zip	
Address (Rochester Area)	City	State	Zip	
Phone #	Fax #	Website Address		
SIGNATORY OF THIS APPLICATION				
Name				
Address	City	State	Zip	

PART II. INSURANCE CERTIFICATION

PLEASE SUBMIT PROOF OF INSURANCE IN ACCORDANCE WITH APPLICATION GUIDELINES.

PART III. LICENSED QEI INSPECTOR

List below all those individuals in your employ who currently hold a valid QEIS or QEI License issued by the City of Rochester. Additional sheet(s) may be attached if necessary.

LICENSE HOLDER'S NAME	QEI NUMBER
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

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PART IV. APPLICANT HISTORY QUESTIONNAIRE

1. How many years has your organization been in the elevator inspection business under your present business name? _____

2. Have you ever failed to complete any work awarded to you? Yes ( ) No ( )
   If so, where and why: _____
   _____
   _____

3. Has your corporation or any office or partner in your corporation ever been denied an elevator inspector license or certificate? Yes ( ) No ( )
   If so, where and why? _____
   _____
   _____

4. In what other related lines of business do you have financial interest?
   _____
   _____

PERFORMED WORK FOR:	CONTACT PERSON	CONTACT NUMBER
5. Corporations/Individuals A.		
B.		

APPLICANT HISTORY QUESTIONNAIRE

PERFORMED WORK FOR:	CONTACT PERSON	CONTACT NUMBER
6. Municipalities A.		
B.		
7. Counties A.		
B.		
8. State Bureaus/Departments A.		
B.		

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PART IV CONTINUED. APPLICANT HISTORY QUESTIONNAIRE

9. U.S. Government A.		
B.		
10. Whom may we contact regarding any questions we may have concerning this application?		
INDIVIDUAL'S NAME	**JOB TITLE**	**CONTACT NUMBER**
A.		
B.		
C.		
D.		
E.		

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PART V.

I hereby certify that the above statements and all attachments, made by me, which form this application, are true to the best of my knowledge and belief.

Dated at _____ this _____ day

of _____ , 20_____ .

_____
Name of Organization

By _____

_____
Title of Person Signing

_____ being duly sworn deposes and says that he is

_____ of _____
Name of Organization

and that answers to the foregoing questions and all statements therein contained
are true and correct.

Sworn before me on this

_____ day of_____, 20_____

_____
Notary Public
(Please Affix Stamp)