

STATE OF WEST VIRGINIA
 WEST VIRGINIA DIVISION OF LABOR
 ELEVATOR SAFETY SECTION
 749-B BUILDING 6, CAPITOL COMPLEX
 CHARLESTON, WV 25305
 PHONE (304) 558-7890 FAX (304) 558-2415
www.wvlabor.org

APPLICATION FOR PRIVATE INSPECTOR

§ 21-3C-1(11) Private Inspector means a person who has been examined and issued a certificate of competency to inspect elevators in this state.

PERSONAL INFORMATION

NAESA Certification Number _____ <i>Please attach copy of current certificate or card.</i>					
Last	First	Middle	Suffix (Mr. Ms., etc.)		
List any other names used					
<u>Education</u>					
Did you receive a high school diploma or high school equivalency diploma (GED)? Yes No					
Circle your highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12					
School Name & Address	Field(s) of Study Major Minor	Credit Hours Semester Quarter	Dates of Attendance	Type of Degree	
College (Undergraduate)					
College (Graduate)					
Business, Vocational, or Technical School	Course of Study		Number of weeks attended	Number of hours per day	Number of clock hours completed
Additional Training (Seminars, Military Training, Workshops, etc.)					

BUSINESS LOCATION ADDRESS

Business/Firm Name	DBA	
Mailing Address		
City	State	Zip Code

EMPLOYMENT HISTORY

LIST ALL WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB. ANY CHANGE IN DUTIES, TITLE, OR EMPLOYMENT STATUS MUST BE LISTED AS A SEPARATE JOB. IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE PAGE.

1. Employer Name & Address			
Type of Business	Name of Supervisor	Position Held	Employer Phone No.
Employment Dates From: _____ to _____ month/year month/year	Employment Status ___ Paid Employment ___ Full-time ___ Part-time ___ Number of hours per week ___ ___ Volunteer ___ Full-time ___ Part-time ___ Number of hours per week ___		

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2. Employer Name & Address

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1. List memberships in Professional Societies and Associations:

2. During the last seven (7) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? Yes No

If yes, please provide reason for denial, suspension or revocation _____

3. During the previous twelve (12) months, have you worked for a company that installs or maintains lifting devices regulated by the WV Division of Labor? Yes No

If yes, please provide name and address of company _____

4. Do you or a member of your immediate family* have an ownership in a company that installs or maintains lifting devices regulated by the WV Division of Labor? Yes No

If yes, please provide name and address of company _____

* Immediate family is defined as parents, children, siblings, spouse, parents-in-law, children-in-law, grandparents, step-parents, step-siblings, stepchildren, foster children, individuals, in an *in loco parentis* relationship, and individuals in a legal guardianship relationship.

SIGNATURE

I hereby certify that I have read and understand the state laws and rules regulating the inspection of elevators. I hereby further state that I will engage in the business indicated, under the business designated herein, only during the tenure of the approval period for which this application is made. I certify that I have obtained all appropriate licenses from municipalities and counties required by West Virginia law. I also certify that all statements made on this document are true. I understand that any misstatement of facts herein may invalidate my application and registration.

Signature

Date

Dated and signed this _____ day of _____ 20__ at _____.

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____ 20__.

Notary Public

SEAL

My Commission Expires _____

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please contact the Webmaster, Robert Bryant at Robert.L.Bryant@wv.gov or the Division's Privacy Officer, John Junkins at John.R.Junkins@wv.gov.