

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](http://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 \_\_\_\_\_  
*Please attach copy of current certificate or card.*

|      |       |        |                        |
|------|-------|--------|------------------------|
| Last | First | Middle | Suffix (Mr. Ms., etc.) |
|------|-------|--------|------------------------|

List any other names used

Education

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 |       | Credit Hours |         | Dates of Attendance | Type of Degree |
|-------------------------|-------------------|-------|--------------|---------|---------------------|----------------|
|                         | Major             | Minor | Semester     | Quarter |                     |                |
| 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<br>(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<br>From: _____ to _____<br>month/year                      month/year | Employment Status<br>___ Paid Employment    ___ Full-time    ___ Part-time                      ___ Number of hours per week ___<br>___ Volunteer            ___ Full-time    ___ Part-time                      ___ Number of hours per week ___ |
|--|---|

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**2. Employer Name & Address**

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

**3. Employer Name & Address**

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

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 \_\_\_\_\_