JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

ADAM TETI
Administrator

PAUL MEFFORD
Chief Administrative Officer

DEPARTMENT OF BUSINESS AND INDUSTRY

DIVISION OF INDUSTRIAL RELATIONS

MECHANICAL COMPLIANCE SECTION

AUTHORIZED INSPECTION AGENCY (AIA) APLICATION FORM

Business Name:		State of NV Business License #:	
Mailing Address:		City:	State:	Zip:
Primary Contact Name:	Phone:	Email:	
Additional Contact Name:	Phone:	Email:	
Inspection Records Physical Location Address:		City:	State:	Zip:

Insurance Checklist:

☐ Workers' compensation insurance pursuant to chapters 616A to 617, inclusive, of NRS for its employees;

☐ Insurance for professional errors and omissions covering its inspection activities in this State in an amount of not less than $4,000,000; and

☐ Commercial general liability insurance in an amount of not less than $4,000,000.

Name of each Special Inspector who will be employed by the applicant to conduct elevator inspections (Name and QEI#):

Printed Name:	Signature:	Title:	Date: