

Colorado Department of Labor and Employment Division of Oil and Public Safety – Conveyance Program 633 17<sup>th</sup> Street, Suite 500 Denver, CO 80202-3610 Phone: 303-318-8525 Fax: 303-318-8534 Email: cdle\_conveyance@state.co.us Web: ops.colorado.gov

## **Conveyance Inspector License Application**

(Revised 6/2021)

The <u>Colorado Conveyance Regulations</u> require that all conveyance inspectors must initially provide proof of qualification and subsequently maintain their qualifications to hold a Colorado inspector license. The applicant must submit this application form and the information described in the Proof of Qualification section below. The application and any supporting documentation can be mailed to the address above with a check for the application fee, or emailed to cdle\_conveyance@state.co.us and an invoice for the application fee will be emailed to you.

| Applicant Information  |   |      |                |          |                 |  |
|--|---|------|----------------|----------|-----------------|--|
| Name:  |   |      | Company Name:  |          |                 |  |
| Address:   | Street:   | City | :              | State:   | ZIP:            |  |
| Phone Numb   | per:  |      | Email Address: |          |                 |  |
| State License Number (for renewing applicants only): CI -  |   |      |                |          |                 |  |
| Applicant Type (and Associated Fee)  |   |      |                |          |                 |  |
| Please check one: 🗆 New (\$175.00) 🗆 Renewal* (\$175.00) 🗆 Replacement (\$25.00)   |   |      |                |          |                 |  |
| *All licenses expire June 30. When applying for a license after July 31, please contact OPS for pro-rated license fee amounts. |   |      |                |          |                 |  |
| Training Type  |   |      |                |          |                 |  |
| Please check all that  |   |      |                | d People | 🗆 Type 3 – Both |  |
| apply:except APM (ASME QEI-1)Mover (APM; ASCE 21)(Type 1 and Type 2)   |   |      |                |          |                 |  |
| Proof of Qualification (Three Requirements)  |   |      |                |          |                 |  |
| 1. Test/Continuing Education   |   |      |                |          |                 |  |
| All New applicants must pass a test administered by OPS.   |   |      |                |          |                 |  |
| Renewing applicants must complete continuing education as required by OPS.   |   |      |                |          |                 |  |
| 2. Certifica   | . Certificate of Insurance (for Private and Approved AHJ-appointed Inspectors only) |      |                |          |                 |  |
| Certificate of insurance or insurance policy that indicates compliance with insurance requirements as described                |   |      |                |          |                 |  |
| in the Conveyance Regulations (7 CCR 1101-8 § 4-1-4(6)).   |   |      |                |          |                 |  |
| 3. Enclose one of the following sets of documentation based on the applicable inspector type listed below.                     |   |      |                |          |                 |  |
| Private Inspector, Approved AHJ Staff Inspector or Approved AHJ-appointed Inspector  |   |      |                |          |                 |  |
| Documentation that the applicant is certified to inspect conveyances by a nationally-recognized conveyance                     |   |      |                |          |                 |  |
| association approved by OPS, such as a copy of the front and back of an ASME certification card.                               |   |      |                |          |                 |  |
| $\Box$ Documentation which proves that the applicant qualifies as an Elevator Personnel as defined in ASME A17.1 and           |   |      |                |          |                 |  |
| that the applicant has been approved to take an exam for ASME certification by a nationally-recognized                         |   |      |                |          |                 |  |
| conveyance association. The applicant shall attend the first available exam and obtain ASME certification within               |   |      |                |          |                 |  |
| six months of licensure.   |   |      |                |          |                 |  |
| Approved AHJ Inspector or Approved AHJ-appointed Inspector   |   |      |                |          |                 |  |
| Statement on the Approved AHJ's letterhead which indicates that the applicant intends to become certified by a                 |   |      |                |          |                 |  |
| nationally-recognized conveyance association approved by OPS within 1 year of the issuance of this license. A                  |   |      |                |          |                 |  |
| license issued by this qualification requires a minimum of eight weeks supervision by a licensed inspector                     |   |      |                |          |                 |  |
| during inspection activities prior to conducting unsupervised inspection activities.   |   |      |                |          |                 |  |
| APM Inspector  |   |      |                |          |                 |  |
| $\square$ Documentation that the applicant possesses a current Professional Engineer license or has, at a minimum,             |   |      |                |          |                 |  |
| three (3) years of experience participating in APM inspections and audits.   |   |      |                |          |                 |  |
| Certification  |   |      |                |          |                 |  |
| I certify that all statements are true to the best of my knowledge and that all work shall be performed according to the       |   |      |                |          |                 |  |
| Conveyance Regulations (7CCR 1101-8). I understand that a local jurisdiction may require additional licensing.                 |   |      |                |          |                 |  |
| Signature:   |   |      |                | Date:    |                 |  |

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