

Requirements and Policy of the Safety Inspection Unit

Regarding Registration of Third Party Elevator Inspectors

An applicant to be a third party inspector must sign a statement that they understand that they are assuming a position of public interest, that they are aware of and will uphold the integrity standards of the ASME QEI-1 Standard, and they will uphold their independence, objectivity and fairness.

An applicant to be a third party inspector is required to complete a form detailing any circumstances in which the individual's integrity, objectivity, fairness or independence have been called into question including any employment terminations or criminal convictions. Failure to answer truthfully will result in a bar to being able to conduct inspections in the State.

A third party applicant must identify any current employer(s) as well as any entity in which they have any ownership interest or any entity from whom they receive any compensation.

It is the policy of the Division of Labor and Industry that a third party inspector is prohibited from inspecting a unit that is manufactured, owned, repaired or maintained by an employer or an entity for whom the third party has an ownership interest or receives compensation.

A third party inspector found to be in violation of these requirements will be barred from third party inspections in Maryland for 3 years.

Position of Public Interest Statement

I certify that in applying to register as a third party qualified elevator inspector for the State that I will comply with the following:

1. I will conduct inspections as a Maryland third party qualified elevator inspector to ensure the highest degree of safety possible.
2. I understand that a registered third party qualified elevator inspector is a position of public trust and that I will uphold the integrity, independence, objectivity and fairness necessary to comply with the ASME QEI-1 Standard.
3. I understand that I am prohibited from conducting inspections of a unit that is manufactured, owned, repaired or maintained by my current employer or an entity for whom I have an ownership interest or receives compensation.
4. I understand that I am required to report to the Safety Inspection Unit any information which could be used to question my objectivity and integrity including but not limited to terminations or suspensions from employment or criminal violations.

5. I understand that my failure to comply with the requirements listed in this statement could result in a bar from third party inspections in Maryland for 3 years.

Applicant Signature

Date



Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor

Elevator Safety Inspection Unit

www.dllr.state.md.us/labor/elev.html

(print)

Application For Registration Of Third Party Qualified Elevator Inspectors

Complete all areas for Initial Registration.
Complete **Shaded Areas** only for Annual Renewal.

Name:	
Address:	City, State, Zip:
Telephone Number:	Q.E.I. Certification Number:
Email:	Expiration Date:

Employment History

Present Employer:	
Address:	City, State, Zip:
Dates Employed:	Title/Position:
Telephone Number:	Email:

Description of Applicants Education:

The following documentation is to be submitted with completed application:

- Copy of Q.E.I. certification *required* by regulation .04-1A (Level 1 and 2)
- Certificate of insurance *required* by regulation .04-1B (Level 1 only)

Level 1

By signing below, I certify that I am an independent elevator consultant, or an employee of an independent inspection agency, or employed by the insurer of the elevator unit. I certify that I have no business relationship including but not limited to financial or otherwise to any company that provides elevator services including installation, maintenance or any other elevator related activities in the State of Maryland.

Signature: _____ Date: _____

Level 2

By signing below, I certify that I am a Q.E.I. in good standing and request to perform certification inspections **only** on new or modified elevator units prior to State Final Acceptance Inspections.

Signature: _____ Date: _____

Level 3

By signing below, I certify that I possess the experience and training in the requirements of ANSI A10.4.

Signature: _____ Date: _____

Registration fee: \$250.00 made payable to DLI Safety.

