Qualified Elevator Inspector Training Fund
8221 Snowden River Pkwy, Columbia, MD 21045
1-888-511-3113

Certified Elevator Inspector Supervisor (CEIS)

Employer Verification Form

All sections of the form must be completed. Incomplete or illegible forms will not be processed. Please submit a separate form for each employer.

Section A: To Be Completed by Certified Elevator Inspector Supervisor Applicant

First Name: Middle Initial:

Last Name:

Address/Street:

City: State: Zip:

Home/Cell Phone: Work Phone:

Email:

Employer / Supervisor / Manager Information

Supervisor's Name:

Supervisor's Job Title:

Company Name:

Company Address:

Company City, State, Zip:

Supervisor's Phone No.: Supervisor's Email:

By my signature below I grant permission to the company listed above to release to the QEITF the information requested on this form for the purposes of verifying my employment and qualifications. I also attest that the information provided on this form is accurate and truthful and I acknowledge that failure to submit complete or accurate information may result in disciplinary action including the suspension or revocation of the CEIS credential.

Applicant Signature: Date:

Section B: To Be Completed by Employer

Applicants for the CEIS certification must meet certain requirements. Based on your first-hand knowledge of the individual listed above please complete the following:

1. Dates of Employment
   Start Date:
   End Date: or still employed at this company or by this Authority Having Jurisdiction (AHJ).
2. I agree that the individual listed above has an acceptable aptitude for leadership, administration, and management to allow them to perform as a CEI Inspector. Yes No
3. I agree that the individual listed above has demonstrated the ability to perform the administrative and technical job duties of an inspector supervisor. Yes No

Employer Signature: Date:

Title: