**APPLICATION REGISTRATION OF ELEVATORS, DUMBWAITERS, ESCALATORS, AND MOVING WALKS**

**ELEVATOR SAFETY INSPECTION**

**10946 GOLDEN WEST DR, #160**

**HUNT VALLEY, MD 21031**

[elevator.safety@maryland.gov](mailto:dldlisafetyinspection-dllr@maryland.gov)

**(Pursuant to Public Safety Title 12/ SubTitle 8 Elevator Safety)**

The owner or lessee shall register with the Commissioner of Labor and Industry, each elevator, dumbwaiter, escalator and moving walk 60 days prior to completion date. Please include Unit Class, Type, Rated Load, Rated Speed, and Manufacturer in space provided. Be sure to sign and date the form.

# An Additional Form Shall Be Completed To Request Date/s for A Final Inspection Or Final Re-inspection.

**NEW INSTALL**  **ALTERATION/MODIFICATION**  **MACHINE ROOM-LESS**

|  |  |  |  |
| --- | --- | --- | --- |
| **OWNER** | **Owner Name (individual, Partnership, Corporation)** | | **Owner Phone** |
|  | |  |
| **Owner Street Address (or name and address of Agent/Management Company)** | **City, State, Zip** | |
|  |  | |
|  | **Owner Email** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SITE** | **Site Name (individual, Partnership, Corporation)** | **County** | **Site Location Phone** |
|  |  |  |
| **Site Street Address** | **Site City, State, Zip** | |
|  |  | |
| **Type of Facility *(i.e., School, Church, Office Building, etc.)*** | | |
|  | | |

# PLEASE ENTER CERTIFICATE MAILING ADDRESS BELOW \*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MAIL** | **Mail Name (individual, Partnership, Corporation)** | | **County** | **Mail Location Phone** | |
|  | |  |  | |
| **Mail Street Address** | | **Mail City, State, Zip** | | |
|  | |  | | |
| **Owner / Lessee Representative Name** | | **Title** | | | **Representative Phone** |
|  | | **Email** | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of General Contractor** | **Elevator Contractor** | **Planned Completion Date** | **Contract Date** |
|  |  |  |  |
| **Address of General Contractor** | **DLLR License Number** | **Name of General Contractor Representative** | |

* + **CLASSES: P = Passenger F = Freight DW = Dumb Waiter ES = Escalator MW = Moving Walk WH = Personnel Hoist HL = Handicap Lift ML = Material Lift SP = Special Purpose**
  + **TYPES : TO = Traction Overhead TB = Traction Basement HO = Hydraulic Overhead HB = Hydraulic Basement DO = Drum Overhead DB = Drum Basement C = Chain RP = Rack & Pinion S = Screw**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Unit #1** | **Unit #2** | **Unit #3** | **Unit #4** | **Unit #5** | **Unit #6** |
| **\*Class** |  |  |  |  |  |  |
| **\*Type** |  |  |  |  |  |  |
| **Rated Load** |  |  |  |  |  |  |
| **Rated Speed** |  |  |  |  |  |  |
| **Manufacturer** |  |  |  |  |  |  |
| **Unit Reg #** |  |  |  |  |  |  |

Telephone Number: (410) 767-2990 • Fax Number: (410) 333-7721 E-mail: [elevator.safety@maryland.gov](mailto:dldlisafetyinspection-dllr@maryland.gov) Rev. 11/23