

ANNUAL ELEVATOR INSPECTION CERTIFICATE APPLICATION



Department of Professional and Financial Regulation
Office of Professional & Occupational Regulation

BOARD OF ELEVATOR AND TRAMWAY SAFETY

35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207)624-8672
Hearing Impaired: 1-888-577-6690

Website: www.maine.gov/professionallicensing

Office located at: 76 Northern Avenue, Gardiner, Maine

APPLICATION INSTRUCTIONS ELEVATOR INSPECTION CERTIFICATE

COMPLETING THE APPLICATION FORM – Return the following to this office:

- Completed Application Form (PER UNIT)
- Inspection Certificate Fee of \$70.00 due 30 days prior to certificate expiration date. \$50.00 late fee if not submitted 30 days prior to expiration
- Inspection Report

Incomplete applications will be returned.

As the owner of an elevator, you are required to arrange for your elevator's annual inspection by contacting a licensed private elevator inspector.

Once inspected, you must submit the inspection report to this office with the attached application and certificate fee of \$70.00 30 days prior to the certificate expiration date. Your new certificate will expire in the same month each year unless you petition the office for a change.

If you do not file the inspection report, annual application and \$70.00 certificate fee 30 days prior to the certificate expiration date, you must submit a late filing fee of \$50.00 in addition to the regular certificate fee of \$70.00.

It is a Class E crime to operate an elevator in Maine without a current and valid inspection certificate (32 M.R.S.A. § 15223). As the owner of an elevator, you are legally responsible for the safety and maintenance of the elevator. If you allow your elevator to be used without a current certificate, your elevator may be taken out of service by a state elevator inspector and you may be subject to administrative discipline, fines or criminal prosecution for allowing your elevator to be operated without a current inspection certificate.

ELEVATOR CERTIFICATE RENEWAL APPLICATION

Date Received	STATE OF MAINE DEPT. OF PROFESSIONAL & FINANCIAL REGULATION BOARD OF ELEVATOR & TRAMWAY SAFETY 35 STATE HOUSE STATION AUGUSTA, ME 04333 TEL: (207)624-8672 FAX: (207)624-8636 HEARING IMPAIRED: 1-888-577-6690	FOR OFFICE USE ONLY Do not write in this box. CK # _____ AMT _____ CN _____ CODE 4530/1908
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AMOUNT DUE: \$70.00
Plus \$50.00 LATE FEE if application not received 30 days prior to expiration date.

A COMPLETED APPLICATION MUST BE SUBMITTED PER UNIT. DUPLICATE FORM AS NECESSARY

PLEASE NOTE: You must enclose, with this application, the inspection report and \$70.00 certificate fee 30 days prior to the certificate expiration date. If you do not file the annual application, inspection report and \$70.00 certificate fee 30 days prior to the certificate expiration date, you must submit a late filing fee of \$50.00 in addition to the regular certificate fee of \$70.00. Your new certificate will expire in the same month each year unless you request a change of expiration date. **The expiration date cannot be extended beyond the current expiration date.**

PAYMENT OPTIONS:	<input type="checkbox"/> Check or Money Order Payable to "Treasurer State of Maine". Write certificate number on check. <input type="checkbox"/> Credit Card: MasterCard or VISA Only. Complete the following: I authorize the State of Maine, Department of Professional & Financial Regulation, Office of Professional & Occupational Regulation to charge my MasterCard/VISA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exp. Date _____/_____/_____
in the amount of \$ _____ . Required Signature: _____	

UNIT INFORMATION

Elevator Registration #:	Name of Building:
Building Location: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Street City Zip Code </div>	
Location of Unit in Building (ie; lobby, gym, wing, etc.):	
Certificate Expiration Date:	Change Certificate Expiration Date to: <small>The expiration date cannot be extended beyond the current expiration date.</small>

OWNER INFORMATION

Name of Owner:			
Mailing Address:			
City:	State:	Zip:	County:
Contact Person:		Phone Number:	