STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
ELEVATOR & TRAMWAY SAFETY PROGRAM
35 STATE HOUSE STATION, AUGUSTA, ME 04333
TEL (207) 624-8672 FAX (207) 624-8636
MAINE RELAY 711 (TTY)

Office Use Only:
Ck #:_____
Amount:_____
Cash #:_____
4530-1907
Certificate #:_____

Elevator Plan Transmittal Form

Plan Approval: The cost for plan review is $5.00 per $1,000.00 of valuation of the installation. The minimum fee is $35.00 and the maximum fee is $100.00. This form must be submitted with 2 sets of plans for review.

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my VISA MASTERCARD the following amount: $_____

Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy*

(check here) ☐ **I understand that fees are non-refundable**

SIGNATURE **DATE**

Type of Building: **Type of Elevator:**

☐ New ☐ Existing ☐ Passenger
☐ Addition ☐ Freight

Modification: ☐**Yes** ☐**No**

If Yes, Existing Registration Number _____

Does the Elevator comply with 32 MRS §15228? ☐Yes ☐ No

If no, you must request a Variance prior to requesting Plan Approval by submitting a Variance Form.

EXEMPT FROM 32 MRS §15228 ACOMMODATION OF AMBULANCE STRETCHER.

Type of Unit:

☐ **Dumbwaiter/Material Lift**
☐ **Incline Lift** ☐ **Escalator**
☐ **Vertical Lift**
☐ **Manlift**

COMPANY INSTALLING THE EQUIPMENT

Name:_____

Mailing Address:_____

City:_____ State:_____ Zip Code:_____

Contact Person:_____ Telephone: _____

Design Engineer:_____ Contact Information: _____

OWNER

Name of Owner:_____

Mailing Address for Certificate:_____

City:_____ State:_____ Zip Code:_____

Contact Person:_____ Telephone:_____

Name of Location:_____

Physical Location of Unit:_____

City:_____ State:_____ Zip Code:_____ County:_____

Has a variance been granted for this installation? ☐ Yes ☐ No