



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)	<i>Office Use Only:</i> Ck #: _____ Amount: _____ Cash #: _____ 4530-1907 Certificate #: _____
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Tramway 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)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
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	<i>mm / yyyy</i>
(check here) <input type="checkbox"/> I understand that fees are non-refundable			
SIGNATURE	DATE		

Type of Tramway: <input type="checkbox"/> New <input type="checkbox"/> Existing		Relocation/Modification (check one)
<input type="checkbox"/> Aerial Tramway	<input type="checkbox"/> Detachable Grip	<input type="checkbox"/> Fixed Grip
<input type="checkbox"/> Surface Lift	<input type="checkbox"/> Tow Lift	<input type="checkbox"/> Conveyor

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 Ski Location: _____

Physical Location of Unit: _____

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