



# Commonwealth of Massachusetts

## Department of Public Safety

### APPLICATION FOR ELEVATOR ANNUAL/BIENNIAL TEST OF SAFETY DEVICES & FIREFIGHTER SERVICE OVERTIME AT NIGHT

Send application to: Department of Public Safety, P.O. Box 3814, Boston, MA 02241-3814

Location Name	Street Address	City, State, Zip
Owner Name	Owner Street Address	City, State, Zip
Owner E-Mail	Owner Phone Number	
Elevator Company	Elevator Company Street Address	City, State, Zip
Elevator Company Registration Number	Elevator Company E-Mail	Elevator Company Phone Number

<u>State ID Number</u>	<u>Inspection Fee</u> \$400	<u>Fire Service OT</u> <u>Fee \$400</u> (If requested)	<u>Check Number</u>	<u>Receipt Number</u> DPS use only	<u>Total Fee</u>

The elevator listed above will be scheduled for inspection by the Department of Public Safety. I understand that the elevator to be inspected should be pre-inspected and made ready for the state safety inspection. Unsafe Elevators will be shut down pending repair and re-inspection. Elevators inspected and found in non-compliance will be issued a DPS Work Order and a 60 or 90 day temporary certificate. Elevators issued a 90 day temporary certificate will be re-inspected 90 days from the annual test date, unless an extension is granted. Failure to be ready for or failure to pass the 90 day re-test will result in the elevator being shut down. Elevators issued a 60 day temporary certificate must be repaired within 60 days and an Elevator Work Order Notice of Completion attesting that the repair work has been completed must be submitted to DPS. Failure to submit the Notice of Completion within 60 days will result in the elevator being shut down. Elevators that are shut down must re-apply for inspection with applicable additional fees, and will remain shut down until they are re-inspected and certified as safe.

The Department is not responsible for verifying correct State ID Numbers on applications. Please make sure that your application is accurate and complete.

*Standard fee for annual inspection is \$400 per unit. The fee for overtime inspection is \$400 additional.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name of Applicant Legibly

\_\_\_\_\_  
E-mail of Applicant

\_\_\_\_\_  
Date

***Send application and non-refundable check payable to "Commonwealth of Massachusetts"  
To: Department of Public Safety, P.O. Box 3814 Boston, MA 02241-3814***

**Note:** Application fee is for the unit on behalf of unit owner. The Department will not issue a refund if there is loss of contract with the Service Company. You must submit one application and one check for each elevator. Certificates and work orders will be sent to the owner and applicant e-mails listed above.