**Commonwealth of Massachusetts**

**Office of Public Safety and Inspections**

**APPEAL OF CIVIL FINE FOR EXPIRED ELEVATOR CERTIFICATES (pursuant to 520 CMR 16.03)**

 **Send to Office of Public Safety and Inspections, Civil Fine Enforcement Program**

 **Coordinator, One Federal Street, Suite 600, Boston, MA 02110-2012**

## APPEAL FORM MUST BE FILLED OUT IN INK AND ACCOMPANIED BY A $100 FILING FEE

## If you wish to appeal the fine online you may do so using the OPSI Customer Portal. Instructions for appealing online

## and a link to the OPSI Customer Portal are posted on mass.gov Board of Elevator Regulations page at this [link](https://www.mass.gov/orgs/board-of-elevator-regulations?_gl=1*18dj6cl*_ga*NTcwNDgzNTYzLjE2ODY1NzgwMTU.*_ga_MCLPEGW7WM*MTY5ODIzOTk2MS41MS4xLjE2OTgyNDEyNDUuMC4wLjA.).

|  |
| --- |
| **Name:** *(First) (Last) (Middle)* |
| **Address: (***Street) (Apt.) (City) (State) (Zip Code)* |
| **Telephone number:** | **Email address:** |
| **Date of Violation:** |  **\*Elevator State ID:** |

**\*You must submit a separate appeal form for each elevator.**

Your appeal will first be decided in writing, without a hearing, after administrative review. In accordance with 520 CMR 16.03(5), the Department may consider the factors listed below in determining whether to waive all or a portion of the fine as a result of your appeal. In order to ensure thorough administrative review, **you must check the reason(s) for your appeal below and submit additional documentation along with this form to support your appeal. Please include as much detail as possible.** Failure to provide such documentation may result in the appeal being returned.

# Willfulness of the violation

**Previous violations resulting in the imposition of administrative penalties Clerical errors**

**Inaccurate assessment Lack of prior use**

**De minimis risk of injury to the public**

By checking any of the above boxes, I certify that I have submitted additional, detailed documentation in support of my reason(s) for appeal.

# Severe financial hardship – elevator owned by individual

By checking this box, I certify that I have submitted (a) a listing of all assets and liabilities greater than $1,000, including valuations for any companies owned; and (b) a statement sworn to under the pains and penalties of perjury from me or my representative asserting that payment of the fine will cause severe financial hardship.

# Severe financial hardship – elevator owned by corporate entity, organization, municipality, or religious institution

By checking this box, I certify that I have submitted (a) a current annual operating budget; (b) a list of all assets and liabilities greater than $1,000; and (c) a statement sworn to under the pains and penalties of perjury from me or my representative asserting that payment of the fine will cause severe financial hardship.

## Other – a reason for appeal other than those factors listed in 520 CMR 16.03(5), supported by documentation.

The Office does not guarantee that such reason will be considered as a mitigating factor.

(*Check here if applicable*) I hereby authorize representative at my appeal hearing.

### Owner’s Signature\*:

Date:

to act as my

\* Appeal forms not signed by owner of record are considered incomplete and will be returned.

# TO FILE AN APPEAL, YOU MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. **You MUST complete this appeal form in its entirety.**

Be advised that incomplete forms will be returned to you. The return of an appeal form for lack of completeness, lack of documentation, or lack of signature by owner of record will not be grounds for extension of the 30 day filing requirement.

# A $100 filing fee MUST accompany all appeals and payment MUST be made in the form of a check or money order made out to the “Commonwealth of Massachusetts”.

Cash will not be accepted.

# Your completed appeal form and $100 appeal filing fee MUST be mailed to:

### Office of Public Safety and Inspections

Civil Fine Enforcement Program Coordinator One Federal Street, Suite 600

Boston, MA 02110-2012

**Your appeal MUST be received by the Office within 30 days of receipt of the notice of violation.**

**Payment of all fines is due within 30 days of receipt of the notice of violation. Failure to file an appeal within that time period will result in a waiver of such right and all fines set forth in said notice shall be imposed.** Failure to pay or appeal any violation within that time period may also result in prohibition from renewal of any license held by the alleged violator, prohibition from sitting for any examination required to renew a license until payment is received, elevator shut down, and/or any and all other remedies available to the Office.