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|  | **Commonwealth of Massachusetts****Division of Professional Licensure** *Cashier's Transaction Number**Cashier's Transaction Number***Office of Public Safety and Inspections***Cashier's Transaction Number**Cashier's Transaction Number***APPLICATION FOR ELEVATOR 90-DAY REINSPECTION****Send to Office of Public Safety and Inspections, Elevator Division, One Federal Street,** **Suite 600, Boston, MA 02110-2012** |

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| **Location name**       | **Location street address**       | **City, State, Zip**      |
| **Owner name**      | **Owner street address**      | **City, State, Zip**      |
| **Owner email**      | **Owner phone number**      |
| **Elevator company**      | **Elevator company registration number**      | **Elevator company email**      |

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| **State ID #** | **Date of annual inspection****when work order****was issued** | **Reinspection fee $200****Payable to “Commonwealth of Massachusetts** | **Check number** | **Fee receipt #**DPS use only |
|       |       | **$200** |       |  |
| **Total Fee**  | **$200** |

**You must submit one application for each elevator. The Office of Public Safety and Inspections is not responsible for verifying correct State ID numbers on applications. Application must be complete and include a $200 fee, payable to “Commonwealth of Massachusetts”. Incomplete or illegible applications will be returned. Please allow adequate time for mail delivery, or ensure a timely application we strongly recommend that you apply on line through our (IPS) Inspection and Permitting System Customer Portal.  https://massdpsportal.secure.force.com**

**The elevator will be scheduled for reinspection 90 days after the date of the annual inspection. The fee for elevator reinspection must be received by the Office no later than 7 calendar days before the reinspection. The elevator to be reinspected must be ready for the state inspection and the repair of all items on the Inspectors Notice of Violation must be completed. Failure to submit reinspection fee on time, or failure to pass reinspection will result in the elevator being shut down. If the elevator is shut down an application for a placard removal inspection with applicable fee must be submitted. Elevator will remain shut down until the placard removal inspected passes and it is certified.**

**Name of owner or approved elevator company:**       **Date:**

**Signature of owner or approved elevator company representative:**

***By typing your name above you agree that this is valid as your signature.***

**Note: Application fee is submitted for the unit on behalf of unit owner. The Office will not issue a refund if there is a loss of contract with the service company.**