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|  | **Commonwealth of Massachusetts****Division Occupational Licensure**  *Cashier's Transaction Number***Office of Public Safety and Inspections***Cashier's Transaction Number**Cashier's Transaction Number**Cashier's Transaction Number***APPLICATION FOR PLACARD REMOVAL** |

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| **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 Registration Number**      | **Elevator Company E-Mail**      |

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| **State ID #** |  **Inspection Fee $400** | **Check Number** | **Fee Receipt #****DPS use only** |
|
|       | **$400** |       |  |

**You must submit one application for each elevator. The Office is not responsible for verifying correct State ID Numbers on applications. Incomplete or incorrect applications will be returned. Please allow adequate time for mail delivery, or to 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**](https://massdpsportal.secure.force.com/)

**The elevator unit listed above will be scheduled for inspection by the Office of Public Safety and Inspections. The elevator must be pre-inspected and made ready for the state safety inspection. Unsafe Elevators will be shut down pending repair and re-inspection. Failure to be ready for or failure to pass inspection will result in the elevator being shut down. Elevators that are shut down must re-apply for inspection with applicable additional fees, They will remain shut down until they are re-inspected and certified as safe.**

**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.***

***Send application and non-refundable check payable to the “Commonwealth of Massachusetts” to***

***Office of Public Safety and Inspections, Elevator Division, One Federal Street, Suite 600, Boston, MA 02110-2012***

**Please Note: Application fee is 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.**