|  |  |
| --- | --- |
| P:\My Pictures\Seal.jpg | **Commonwealth of Massachusetts**  **Division of Occupational Licensure**  **Office of Public Safety and Inspections**  **NOTICE OF NEW ELEVATOR SERVICE CONTRACT**  **Please e-mail form to**: [**elevator.scheduler@mass.gov**](file:///\\eps-fp-bos-011\sgenduso$\Forms%20and%20applications\Forms%20with%20Electronic%20fill%20in\elevator.scheduler@state.ma.us) |

**Date of New Contract:**

**New Elevator Company:**      

**New Elevator Company Registration Number:**                

**Old Elevator Company:**

**Name of Elevator Location:**

**Address of Elevator - Street, City & Zip Code:**

**Name of Elevator Owner:**

**Name of Contact Person:**                

**Owner E-mail:**

***Please note: All OPSI correspondence will be sent to the owner e-mail***

**Owner Address - Street, City, State & Zip Code:**           

**Owner Telephone:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **State ID Number of Elevators at this Address** | | | | | |
| **1.** |  | **8.** |  | **15.** |  |
| **2.** |  | **9.** |  | **16.** |  |
| **3.** |  | **10.** |  | **17.** |  |
| **4.** |  | **11.** |  | **18.** |  |
| **5.** |  | **12.** |  | **19.** |  |
| **6.** |  | **13.** |  | **20.** |  |
| **7.** |  | **14.** |  | **21.** |  |

***Note: If fees have been submitted to our office, any credits will remain with the unit, and will not be transferred to the old service company.***

**Signature:**       **Date:**

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