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| P:\My Pictures\Seal.jpg | **Commonwealth of Massachusetts**  **Division of Occupational Licensure**  **Office of Public Safety and Inspections**  **NOTICE OF UPDATED ELEVATOR OWNER INFORMATION**  **Please e-mail form to:** [**elevator.scheduler@mass.gov**](mailto:elevator.scheduler@mass.gov) |

**Elevator State ID number(s):**           

**Address where elevator is located - street, city & zip code:**      

**Name of building where elevator is located:**

**Name of building owner – company:**

**Name of building owner – person:**      

**Building owner’s address - street, city, state & zip code:**      

**Building owner’s e-mail:**

**Building owner’s phone number:**      

**Name of the primary contact person for the elevator:**

* **Primary contact’ relationship: Owner**  **Employee  Agent  Lessee**

**Primary contact person’s e-mail:**

**If a lessee or management company (agent) is responsible for the elevator, please indicate below:**

* **Name and address:**
* **Relationship with owner: Agent**  **Lessee**

          

**Elevator maintenance company name:**      

**Elevator contractor’s MA registration number:**      

**Elevator company e-mail:**      

***preferred email for certificates and correspondence:***

***\*All OPSI correspondence will be sent to the owner’s e-mail unless otherwise indicated.***

**Date:**      

**Submitter’s signature and relationship to equipment:**

**Building Owner**  **Owner’s Employee**  **Elevator Company**  **Agent**  **Lessee**      

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