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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** |

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

**Elevator location - building information**

* **Building address - street, city & zip code:**
* **Building name:**
* **Location place name:**

**\*Building owner information \*mandatory (not agent or lessee)**

* **Building owner’s business name:**
* **Building owner person name:**
* **Building owner address - street, city, state & zip code:**
* **Building owner’s email:**
* **Building owner’s phone number:**

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

* **Company Name and Address:**
* **Contact person:**
* **Contact person’s email:**
* **Relationship with owner: Agent [ ]  Lessee [ ]**

**OPSI correspondence will be sent to the owner’s e-mail unless a primary contact person is listed below**

* **Primary contact person’s name (if not owner):**
* **Primary contact person’s e-mail:**
* **Relationship with owner: Employee [ ]  Agent [ ]  Lessee [ ]**

**Elevator service company name:**

**MA registration number:**

**Submitter’s signature:**       **Date:**

**Relationship: Building Owner** **[ ]  Employee** **[ ]  Elevator Company** **[ ]  Agent** **[ ]  Lessee** **[ ]**

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