|  |  |
| --- | --- |
| 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):**

**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.***