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| P:\My Pictures\Seal.jpg | **Commonwealth of Massachusetts****Division of Occupational Licensure****Office of Public Safety and Inspections****NOTIFICATION OF HOIST ELEVATOR REMOVAL****Please e-mail form to: elevator.scheduler@mass.gov** |

***This form serves to notify the Office of Public Safety and Inspections that the Hoist Elevator listed below is no longer in service and has been removed.***

**State ID Number of Hoist Elevator:**

**Hoist Elevator Removal Date:**

**Hoist Elevator Address:**

**Elevator Company Name:**

**Elevator Company Massachusetts Registration Number:**

**Elevator Company Address:**

**Elevator Company E-Mail:**

**Building Owner Name:**

**Owner Address:**

**Owner E-mail:**

**Owner or Owner Representative Signature:**

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

**Date:**