|  |  |
| --- | --- |
| P:\My Pictures\Seal.jpg | **Commonwealth of Massachusetts****Division of Occupational Licensure****Office of Public Safety and Inspections****REQUEST FOR DECOMMISSION INSPECTION****Please e-mail form to: elevator.scheduler@mass.gov** |

**This form serves to notify the Office of Public Safety and Inspections that as of (Date):**

**the elevator/lift listed below has been decommissioned and is ready for inspection.**

**State ID Number of Unit:**

**Decommission Permit Number and Date of Issue:**

**Address of Elevator(s):**

**Name of Owner:**

**Owner E-mail:**

**Name of Elevator Company:**

**MA Elevator Contractor Registration Number:**

**Elevator Company Telephone:**

**Elevator Company E-mail Address:**

**Owner or Owner Representative Signature:**

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

**Date:**