



**RE-REGISTRATION OR NEW
REGISTRATION OF ELEVATORS,
DUMBWAITERS, ESCALATORS,
AND MOVING WALKS**

**ELEVATOR SAFETY INSPECTION
10946 GOLDEN WEST DR, #160
HUNT VALLEY, MD 21031
elevator.safety@maryland.gov**

(Pursuant to Public Safety Title 12/ SubTitle 8 Elevator Safety Code)

After an elevator unit is placed into service and a certificate is issued, the owner or lessee shall periodically re-register the elevator unit with the Commissioner of Labor and Industry 30 days prior to the expiration of the certificate.

NEW OWNER **NEW SITE ADDRESS** **NEW MAIL ADDRESS** **OTHER CHANGE**

| | | | |
|--------------|--|------------------|-------------|
| OWNER | Owner Name (individual, Partnership, Corporation) | | Owner Phone |
| | Owner Street Address (or name and address of Agent/Management Company) | City, State, Zip | |

| | | | |
|-------------|--|-----------------------|---------------------|
| SITE | Site Name (individual, Partnership, Corporation) | County | Site Location Phone |
| | Site Street Address | Site City, State, Zip | |
| | Type of Facility (i.e., School, Church, Office Building, etc.) | | |

*** PLEASE ENTER CERTIFICATE MAILING ADDRESS BELOW ***

| | | | |
|------------------------------------|--|-----------------------|----------------------|
| MAIL | Mail Name (individual, Partnership, Corporation) | County | Mail Location Phone |
| | Mail Street Address | Mail City, State, Zip | |
| Owner / Lessee Representative Name | | Title | Representative Phone |

ELEVATOR UNITS TO BE REGISTERED:

| | | | | | | |
|------------|--|--|--|--|--|--|
| Unit Reg # | | | | | | |
|------------|--|--|--|--|--|--|

Signature of Owner or Lessee: _____

Please mail the completed form to the address above or email to: elevator.safety@maryland.gov.