



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
 OFFICE OF PROFESSIONAL & OCCUPATIONAL REGULATION
ELEVATOR & TRAMWAY SAFETY PROGRAM
 35 STATE HOUSE STATION, AUGUSTA, ME 04333
 TEL (207) 624-8672 FAX (207) 624-8636
 MAINE RELAY 711 (TTY)

Office Use Only:
 Ck #: _____
 Amount: _____
 Cash #: _____
 4530-1907
 Certificate #: _____

Elevator Plan Transmittal Form

Plan Approval: The cost for plan review is \$5.00 per \$1,000.00 of valuation of the installation. The minimum fee is \$35.00 and the maximum fee is \$100.00. This form must be submitted with 2 sets of plans for review.

PAYMENT OPTIONS:			
Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:			
NAME OF CARDHOLDER (please print)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my VISA MASTERCARD the following amount: \$ _____			
Card number:	XXXX-XXXX-XXXX-XXXX	Expiration Date	<i>mm / yyyy</i>
(check here) <input type="checkbox"/> I understand that fees are non-refundable			
SIGNATURE		DATE	

Type of Building: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Addition	Type of Elevator: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight	Modification: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Existing Registration Number _____	EXEMPT FROM 32 MRSA § 15228 ACCOMMODATION OF AMBULANCE STRETCHER Type of Unit: <input type="checkbox"/> Dumbwaiter/Material Lift <input type="checkbox"/> Incline Lift <input type="checkbox"/> Escalator <input type="checkbox"/> Vertical Lift <input type="checkbox"/> Manlift
Will the Elevator Accommodate and Ambulance Stretcher Pursuant to 32 MRSA § 15228? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, you must request a Variance prior to requesting Plan Approval by submitting a Variance Form.			

COMPANY INSTALLING THE EQUIPMENT

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone: _____

Design Engineer: _____ Contact Information: _____

OWNER

Name of Owner: _____

Mailing Address for Certificate: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Telephone: _____

Name of Ski Location: _____

Physical Location of Unit: _____

City: _____ State: _____ Zip Code: _____ County: _____

Has a variance been granted for this installation? Yes No