



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 #: _____
 4530-1450

Elevator Variance Request Form

Please submit this form along with a set of blueprints, sketches or pictures showing where the elevator is located. You will be notified once a decision has been made.

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) *FIRST* _____ *MIDDLE INITIAL* _____ *LAST* _____

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 *mm / yyyy*

(check here) **I understand that fees are non-refundable**

SIGNATURE

DATE

Name of Person/Company Requesting Variance _____

Street _____

City _____ State _____ ZIP _____

Phone # (____) _____ - _____ Contact Person: _____

ELEVATOR OWNER INFORMATION

Print Name _____

Street _____

City _____ State _____ ZIP _____

Phone # (____) _____ - _____ Contact Person (if available): _____

EQUIPMENT INFORMATION

- Type: Elevator Manlift Escalator Incline Lift Vertical Lift
 Passenger
 Freight
 Dumbwaiter

Name of Building _____ Elevator Registration# _____

Location _____

City _____ State _____ ZIP _____

Phone # (____) _____ - _____ Contact Person (if available): _____

VARIANCE REQUEST

Deviation from Rule/Standard: _____

REASON for deviation: _____

