



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

Elevator Plan Transmittal Form

(one transmittal form per elevator)

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. Submit 2 sets of plans for review.

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - To pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print) _____

I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my:

VISA MASTERCARD DISCOVER AMER. EXPRESS Amount \$ _____

Card number: _____ Expiration Date: _____

I understand that fees are non-refundable

SIGNATURE: _____ **DATE:** _____

TYPE OF BUILDING:	TYPE OF ELEVATOR/UNIT:	ALTERATION:
New	Passenger Freight Manlift	Yes
Existing	Incline Lift Vertical Lift Escalator	Existing Registration No.:
Addition	Dumbwaiter/Material Lift	

Does the Elevator comply with 32 MRS §15228? Yes No N/A

COMPANY INSTALLING THE ELEVATOR

Name: _____ ECP: _____

Contact Person: _____ Tel #: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

OWNER INFORMATION

Name of Owner: _____

Email Address of Owner: _____

Mailing Address for Certificate: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Tel #: _____

Name of Building: _____

Physical Street Address of Unit: _____

Has a variance been granted for this installation? Yes No