



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 the \$100 fee and this form along with a set of blueprints, sketches or pictures showing where the unit is located. You will be notified once a decision has been made.

Make checks payable to "Maine State Treasurer" or fill out the following to pay by credit card:	
NAME OF CARDHOLDER (print: First/Middle/Last) _____	
ADDRESS OF CARDHOLDER (please print) _____	
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge my () VISA () MASTERCARD the following amount: \$_____	
Card number: (enter 11 digits) _____	Expiration Date: (mm/yyyy) _____
(check here) <input type="checkbox"/> 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: _____

