



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 an Alteration review is \$1200.00**

Make checks payable to **"Maine State Treasurer"** or fill out the following:

NAME OF CARDHOLDER (please print)		
ADDRESS OF CARDHOLDER (please print)		
I authorize the Department of Professional and Financial Regulation, Office of Professional & Occupational Regulation to charge the following Amount \$ _____		
Card number: _____		Expiration Date: _____
<input type="checkbox"/> I understand that fees are non-refundable		
<b>SIGNATURE:</b> _____		<b>DATE:</b> _____
<b>TYPE OF BUILDING:</b> <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Addition	<b>TYPE OF ELEVATOR/UNIT:</b> <input type="checkbox"/> Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Manlift <input type="checkbox"/> Incline Lift <input type="checkbox"/> Vertical Lift <input type="checkbox"/> Escalator <input type="checkbox"/> Dumbwaiter/Material Lift	<b>ALTERATION:</b> <input type="checkbox"/> Yes Existing Registration No.: _____
<b>Does the Elevator comply with 32 MRS §15228?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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