



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 plan 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: _____
I understand that fees are non-refundable		
SIGNATURE: _____		DATE: _____
TYPE OF BUILDING: New Existing Addition	TYPE OF ELEVATOR/UNIT: Passenger Freight Manlift Incline Lift Vertical Lift Escalator Dumbwaiter/Material Lift	ALTERATION: Yes Existing Registration No.:
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