



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
Certificate #: _____

Tramway Plan Transmittal Form

Plan Approval: The cost for plan review and Initial Inspection is \$350.00. This form must be submitted with a set of plans for review.

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)	<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
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:	XXXX-XXXX-XXXX-XXXX	Expiration Date	<i>mm / yyyy</i>
(check here) <input type="checkbox"/> I understand that fees are non-refundable			
SIGNATURE	DATE		

Type of Tramway:	<input type="checkbox"/> New	<input type="checkbox"/> Existing	Relocation/Modification (check one)
<input type="checkbox"/> Aerial Tramway	<input type="checkbox"/> Detachable Grip	<input type="checkbox"/> Fixed Grip	
<input type="checkbox"/> Surface Lift	<input type="checkbox"/> Tow Lift	<input type="checkbox"/> Conveyor	

COMPANY INSTALLING THE EQUIPMENT

Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
Design Engineer: _____ Contact Information: _____

OWNER

Name of Owner: _____
Mailing Address for Certificate: _____
City: _____ State: _____ Zip Code: _____
Contact Person: _____ Telephone: _____
Name of Ski Location: _____
Physical Location of Unit: _____
City: _____ State: _____ Zip Code: _____ County: _____