



**Missouri Division of Fire Safety
Elevator Safety Unit
Registration Form**

Missouri Division of Fire Safety
Elevator Safety Unit
P.O. Box 844
Jefferson City, MO 65102
573-751-2930

| | |
|-------|-------------------------------------|
| DATE: | <u>OFFICE USE ONLY</u> STATE ID: |
|-------|-------------------------------------|

| | | |
|---|-------------------|------------------------------|
| OWNER NAME: | OWNER ADDRESS: | OWNER CITY, STATE, ZIP: |
| BILLING NAME (if different from OWNER): | BILLING ADDRESS: | BILLING CITY, STATE, ZIP: |
| LOCATION NAME: | LOCATION ADDRESS: | LOCATION CITY, STATE, ZIP: |
| LOCATION COUNTY: | LOCATION PHONE: | NUMBER OF UNITS AT LOCATION: |

| TYPE OF EQUIPMENT: | | BUILDING USAGE: | |
|--------------------------|---------------------|--------------------------|------------------------|
| <input type="checkbox"/> | PASSENGER-TRACTION | <input type="checkbox"/> | OFFICE |
| <input type="checkbox"/> | PASSENGER-HYDRAULIC | <input type="checkbox"/> | GOVERNMENT |
| <input type="checkbox"/> | FREIGHT-TRACTION | <input type="checkbox"/> | HOSPITAL/INSTITUTIONAL |
| <input type="checkbox"/> | FREIGHT-HYDRAULIC | <input type="checkbox"/> | CHURCH/RELIGIOUS |
| <input type="checkbox"/> | DUMBWAITER | <input type="checkbox"/> | COMMERCIAL/INDUSTRIAL |
| <input type="checkbox"/> | ESCALATOR | <input type="checkbox"/> | RETAIL |
| <input type="checkbox"/> | MANLIFT | <input type="checkbox"/> | EDUCATIONAL |
| <input type="checkbox"/> | STAIRWAY LIFT | <input type="checkbox"/> | PARKING GARAGE |
| <input type="checkbox"/> | MATERIAL LIFT | <input type="checkbox"/> | MULTI/FAMILY RESIDENCE |
| <input type="checkbox"/> | MOVING SIDEWALK | <input type="checkbox"/> | OTHER |
| <input type="checkbox"/> | OTHER | | |

| | | | |
|---------------------|-------------------------------|--------------------------------------|--------------------|
| MANUFACTURER: | SERIAL NUMBER: | CAPACITY: | SPEED: |
| NUMBER OF LANDINGS: | NO. OF OPENINGS (FRONT/REAR): | SPECIFIC LOCATION IN BUILDING OR ID: | DATE OF LAST TEST: |

NOTE:
ONE APPLICATION MUST BE USED FOR EACH ELEVATOR

SIGNATURE OF CONTACT PERSON AT LOCATION:

PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION: