



ELEVATOR / CONVEYANCE REGISTRATION ACCEPTANCE FORM

Division of Occupational and Professional Licenses
Elevator Safety Program
11341 W Chinden Blvd Bldg 4 - Boise ID 83714
(208) 332-7134 - safety@dopl.idaho.gov
dopl.idaho.gov



INSTRUCTIONS:

- Registration is to be completed by the owner or owner's representative of the elevator / conveyance.
- Installation or Modernization must be completed by an Elevator Contractor.
- Submit one complete set of plans & shop drawings for each application submitted. Supporting documentation may be requested.
- No installation may begin until plans are approved. All work subject to final inspection by DOPL.

- E-Mail addresses are requested

NEW ELEVATOR EXISTING ELEVATOR REGISTRATION INSTALLATION MODERNIZATION

BUILDING INFORMATION:

OWNER INFORMATION:

Bldg Name:	Owner Name:
Address:	Contact:
City & Zip:	Address:
Phone:	City/State/Zip:
State ID #:	Phone:
Serial #:	<u>E-mail:</u>
<input type="checkbox"/> State <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> School (k-12) <input type="checkbox"/> University / College <input type="checkbox"/> Commerical Business <input type="checkbox"/> Charter School <input type="checkbox"/> Other	
Date of Installation: _____	Last Annual Inspection: _____
Last 5 yr. Inspection: _____	Model Name of Elevator: _____

ELEVATOR CONTRACTOR INFORMATION

Elevator Contractor:	Phone:
Address:	Fax:
City: _____ State: _____	Zip: _____
Point of Contact:	<u>E-mail:</u>

GENERAL CONTRACTOR INFORMATION - For New or Modernization conveyances only

General Contractor:	Phone:
Address:	Fax:
City: _____ State: _____	Zip: _____
Point of Contact:	<u>E-mail:</u>

EQUIPMENT DATA / TYPE / USE

<input type="checkbox"/> Passenger	<input type="checkbox"/> Freight	<input type="checkbox"/> Material Only	
<input type="checkbox"/> Elevator	<input type="checkbox"/> Moving Walk	<input type="checkbox"/> Dumbwaiter	
<input type="checkbox"/> Escalator	<input type="checkbox"/> Platform / Chairlift	<input type="checkbox"/> Material Lift	
DRIVE TYPE <input type="checkbox"/> Traction / Elec. <input type="checkbox"/> Winding drum <input type="checkbox"/> Hydraulic <input type="checkbox"/> Screw drive/ Column <input type="checkbox"/> Direct plunger <input type="checkbox"/> Rack & pinion <input type="checkbox"/> Chain sprocket <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Lever hydraulic <input type="checkbox"/> Other <input type="checkbox"/> Roped sprocket	MACHINE LOCATION <input type="checkbox"/> Overhead <input type="checkbox"/> None <input type="checkbox"/> Basement <input type="checkbox"/> Adjacent <input type="checkbox"/> Removed <input type="checkbox"/> Machine below	RATED SPEED/RISE DN: _____ fpm UP: _____ fpm Total travel: _____	ADDITIONAL PARAMETERS No. of floors: _____ Front openings: _____ Rear openings: _____ Capacity: _____ lbs. Clear overhead: _____ ft.

FOR DEPARTMENT USE ONLY

Plans received: _____	Plan review by: _____	Date approved: _____
Plans checked to: ASME 18.1 _____ & applicable codes	Plans checked to: ASME A 17.1 _____ & applicable codes.	

REGISTRATION FEES

- Make checks or money orders payable to the Division of Occupational and Professional Licenses - Elevator Program.
- Payment is due before inspection will be conducted.
- Fee schedule is located at dopl.idaho.gov