

ELEVATOR REGISTRATION FORM

(Complete and return within 30 days of notification)

Must be typed or legibly printed

(518) 279-7180

Return forms must be submitted or mailed to:

City of Troy

Bureau of Code Enforcement

433 River Street

Troy NY 12180

PLEASE COMPLETE AND SIGN A SEPARATE FORM FOR EACH ELEVATOR / LIFT

Building Location (required)

Building Name: _____

Building Address: _____

Building Owner's Name: _____

Building Owner's Address: _____ Phone # _____

Elevator/Lift Information

Name of Manufacturer: _____ Model/Serial # _____

Elevator Location: _____

Type

Hydro-Elevator Traction-Elevator Dumb Waiter Moving Sidewalk/People Mover
 Lift Escalator Handicapped Lift Platform Stairway Chairlift Other _____

Use Freight Passenger Other (please specify) _____

Status Active Inactive Red Tagged

Last Inspection

Name of Company Performing Last Inspection: _____

Date of Last Inspection: _____ Name of Inspector: _____

Inspection: Pass Fail **PLEASE ATTACH COPY OF LAST INSPECTION REPORT**

Please Check One (required)

- I have an elevator / lift installed ONLY at this location.
 I have an elevator / lift installed at another location within Troy. (Please complete an additional form.)
 There is NO elevator / lift at this location. (Please complete Building Location info and sign this form.)

I certify that the information in this registration is true and complete to the best of my knowledge.

Building Owner Signature: _____ Date: _____

Additional Contact Name/Title: _____ Contact # _____