



**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
573-751-2263
elevator@dfs.dps.mo.gov

DATE:	<u>OFFICE USE ONLY</u> STATE ID:
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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"/>	FACTORY
<input type="checkbox"/>	PASSENGER-HYDRAULIC	<input type="checkbox"/>	STORAGE
<input type="checkbox"/>	FREIGHT-TRACTION	<input type="checkbox"/>	BUSINESS
<input type="checkbox"/>	FREIGHT-HYDRAULIC	<input type="checkbox"/>	ASSEMBLY
<input type="checkbox"/>	DUMBWAITER	<input type="checkbox"/>	HIGH HAZARD
<input type="checkbox"/>	ESCALATOR	<input type="checkbox"/>	MERCANTILE
<input type="checkbox"/>	MANLIFT	<input type="checkbox"/>	RESIDENTIAL
<input type="checkbox"/>	STAIRWAY LIFT	<input type="checkbox"/>	INSTITUTIONAL
<input type="checkbox"/>	MATERIAL LIFT	<input type="checkbox"/>	OTHER
<input type="checkbox"/>	MOVING SIDEWALK		
<input type="checkbox"/>	OTHER		

MANUFACTURER:		SERIAL NUMBER:	CAPACITY:	SPEED:
YEAR INSTALLED:	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: