



OBTAINING A TEMPORARY OPERATING CERTIFICATE

When is a temporary operating certificate required?

- ▶ A temporary operating certificate must be obtained prior to operation during construction. After a new elevator installation is inspected and approved in accordance with ASME A17.1, Part 19 Code requirements for construction use, a temporary operating certificate is required.

1. The inspector or general contractor shall notify the Elevator Safety Unit at (573) 751-2263 when approval for temporary operation is received. Temporary operating certificates are issued for a minimum of 30 days. The fee for a Temporary Operating Certificate is \$75 per 30-day period. Certificates can be renewed twice for a maximum of 90 days.

2. Submit a copy of the inspection report along with check or money order:

Mail to: Elevator Safety Unit, PO Box 844, Jefferson City MO 65102.

Overnight to: 205 Jefferson Street, Suite 1315, Jefferson City, MO 65101.

FAX report and cover letter to: (573) 526-5971. FAX should include a copy of the check or money order and date when fees will be mailed.

Make checks/money orders payable to: MO Division of Fire Safety.

3. Upon receipt of the fees the temporary operating certificate will be issued. Include a fax number if you would like to receive a fax copy.

4. A permanent State Operating Certificate will only be issued after a re-inspection is conducted confirming the unit is in compliance.



MISSOURI DIVISION OF FIRE SAFETY
ELEVATOR SAFETY UNIT
 P.O. BOX 844
 JEFFERSON CITY, MO 65102

APPLICATION/INSPECTION

NOTE: ONE APPLICATION/FORM MUST BE SUBMITTED FOR EACH UNIT OF EQUIPMENT

<input type="checkbox"/> PERMIT APPLICATION	<input type="checkbox"/> INSPECTION	DATE	STATE ID
<input checked="" type="checkbox"/> TEMPORARY OPERATING PERMIT	<input type="checkbox"/> VARIANCE		

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	
ACTIVITY		TYPE OF EQUIPMENT		BUILDING USAGE	
<input type="checkbox"/>	NEW INSTALLATION	<input type="checkbox"/>	PASSENGER-TRACTION	<input type="checkbox"/>	OFFICE
<input type="checkbox"/>	ALTERATION	<input type="checkbox"/>	PASSENGER-HYDRAULIC	<input type="checkbox"/>	GOVT BUILDING
<input type="checkbox"/>	MAJOR ALTERATION	<input type="checkbox"/>	PASSENGER-ROPED HYDRAULIC	<input type="checkbox"/>	HOSPITAL/INSTITUTIONAL
<input type="checkbox"/>	INITIAL INSPECTION	<input type="checkbox"/>	FREIGHT-TRACTION	<input type="checkbox"/>	CHURCH/RELIGIOUS
<input type="checkbox"/>	ANNUAL INSPECTION	<input type="checkbox"/>	FREIGHT-HYDRAULIC	<input type="checkbox"/>	COMMERCIAL/INDUSTRIAL
<input type="checkbox"/>	TEMPORARY CERTIFICATE INSP	<input type="checkbox"/>	FREIGHT-ROPED HYDRAULIC	<input type="checkbox"/>	RETAIL
<input type="checkbox"/>	REINSPECTION	<input type="checkbox"/>	DUMBWAITER	<input type="checkbox"/>	EDUCATIONAL
<input type="checkbox"/>	SPECIAL	<input type="checkbox"/>	ESCALATOR	<input type="checkbox"/>	PARKING GARAGE
<input type="checkbox"/>	OTHER	<input type="checkbox"/>	MANLIFT	<input type="checkbox"/>	MULTI/FAMILY RESIDENCE
		<input type="checkbox"/>	STAIRWAY LIFT	<input type="checkbox"/>	OTHER
		<input type="checkbox"/>	MATERIAL LIFT		
		<input type="checkbox"/>	MOVING SIDEWALK		
		<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 5-YEAR TEST
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DESCRIPTION OF VIOLATION OR VARIANCE: (IF APPLICABLE)	COMPLIANCE DATE
WRITTEN RESPONSE REQUIRED WHEN COMPLIANCE IS COMPLETED	

FEE SCHEDULE		PERMIT ISSUED	PERMIT NO.	ISSUE DATE	EXPIRATION DATE	TEST DATE
ANNUAL CERTIFICATE FEE (\$20.00):						
STATE INSPECTION FEE (\$125.00):		CERTIFICATE ISSUED	CERTIFICATE DATE	ISSUE DATE	EXPIRATION DATE	TEST DATE
TEMPORARY OPERATING FEE (30 DAYS - \$75.00):		SIGNATURE OF CONTACT PERSON AT LOCATION			INSPECTOR SIGNATURE	
PLAN REVIEW FEE (\$150.00 PLUS \$25.00 PER OPENING):		PRINTED NAME AND TITLE OF CONTACT PERSON AT LOCATION			INSPECTOR ID	
TOTAL:						