



Office of the Illinois State Fire Marshal
Division of Elevator Safety
 555 West Monroe Street, Suite 1300-N
 Chicago, Illinois 60661
 Phone: 312-814-1325



Registration of Conveyance

This *Registration of Conveyance* form is strictly for the registration of each elevator, escalator, lift, power-driven stairway and stairway chairlift (collectively hereinafter referred to as “conveyance”) at your location. The Owner must complete this *Registration of Conveyance* form for new and existing conveyance(s).

All *Registration of Conveyance* forms must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, 555 West Monroe Street, Suite 1300-N, Chicago, IL 60661. **Fax copies will no longer be accepted. The Office will INVOICE you the \$30.00 registration fee (PLEASE DO NOT SEND MONEY WITH APPLICATION). A copy of an initial inspection report indicating the conveyance has PASSED inspection must also be submitted with each application.** The Elevator Safety Division will process the *Registration* form(s) in the order they are received and shall issue for each conveyance a registration identification plate with the registration number inscribed that shall be used to identify the conveyance thereafter. The registration plate shall be permanently affixed/attached to the upper right-hand corner of the controller. **The *Registration of Conveyance* cannot be processed unless it is completely filled out and signed.**

OFFICIAL USE ONLY

Illinois Conveyance Number _____

Date Issued _____

Local Rule YES _____

NO

1. Building Location:

Name of Building (or Number): _____

County: _____

Building Address (include City/State/Zip Code): _____

Nature of Business at this Location: _____

2. Building Owner:

Name of Building Owner: _____

Owner’s Address (include City/State/Zip Code): _____

Phone Number of Owner: _____

Fax Number of Owner: _____

Email Address of Owner: _____

FEIN or Social Security Number of Owner
(not Tax-Exempt No.) _____

3. Billing Information (If different than Owner Information):	
Name on Invoice:	Telephone Number:
Address (include City/State/Zip Code):	
Email Address (an electronic copy of the invoice will be sent and you will be able to pay online):	

4. Conveyance Information (all fields are required – form will be returned if not filled in):		
<input type="checkbox"/> New Installation PERMIT # (from Permit Letter if State Issued): _____ <input type="checkbox"/> Existing Conveyance	Status of Conveyance: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Red Tagged	
Date of Installation:	Name of Manufacturer:	
Model:	Serial Number and /or Internal ID Locator:	
Conveyance Type: <input type="checkbox"/> Hydro-Elevator <input type="checkbox"/> Traction-Elevator <input type="checkbox"/> Dumb Waiter <input type="checkbox"/> Moving Sidewalk/People Mover <input type="checkbox"/> Lift <input type="checkbox"/> Escalator <input type="checkbox"/> Handicapped Lift <input type="checkbox"/> Stairway Chairlift <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> LULA		
Conveyance Use: <input type="checkbox"/> Freight <input type="checkbox"/> Passenger <input type="checkbox"/> Other (please specify): _____		
Method of Operation: <input type="checkbox"/> Traction <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other (please specify): _____		
Capacity: _____ lbs	Speed: _____ fpm	Landings:

5. Name of Company that Installed Conveyance:
Name of Company that Installed the Conveyance:

6. Initial Acceptance Inspection of Conveyance:	
Name of Company Performing Acceptance Inspection :	
Date of Acceptance Inspection:	
Certificate of Operation Issued <input type="checkbox"/> YES <input type="checkbox"/> NO	Certificate Issued By:
Certificate of Operation Duration:	Certificate of Operation Expiration:

7. Signature (Contact Person for this conveyance):

I certify under penalty of perjury that the information on this registration is true and complete to the best of my knowledge.

Signature:

Date:

Print Name: (and title)

Name of Company:

Address:

Contact Phone:

Contact Fax Number:

Contact Email Address