



ELEVATOR / CONVEYANCE REGISTRATION ACCEPTANCE FORM

Division of Building Safety
Industrial Safety - Elevator Safety Program
1090 E. Watertower St. Ste 150 Meridian, ID 83642
(208) 332-7138, Fax (208) 855-9669
<http://dbs.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 DBS.

- 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 #:	E-mail:
<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:	E-mail:	

GENERAL CONTRACTOR INFORMATION - For New or Modernization conveyances only

General Contractor:	Phone:	
Address:	Fax:	
City:	State:	Zip:
Point of Contact:	E-mail:	

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"/> Hydraulic <input type="checkbox"/> Direct plunger <input type="checkbox"/> Chain sprocket <input type="checkbox"/> Lever hydraulic <input type="checkbox"/> Roped sprocket <input type="checkbox"/> Winding drum <input type="checkbox"/> Screw drive/ Column <input type="checkbox"/> Rack & pinion <input type="checkbox"/> Roped hydraulic <input type="checkbox"/> Other	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 Building Safety - Elevator Program.
- Payment is due before inspection will be conducted.
- Fee schedule is located at <http://dbs.idaho.gov/>