



Commonwealth of Massachusetts

Department of Public Safety

APPLICATION FOR ELEVATOR ANNUAL TEST OF SAFETY DEVICES & FIREFIGHTER SERVICE OVERTIME AT NIGHT

Send application to: Department of Public Safety, P.O. Box 3814, Boston, MA 02241-3814

Location Name		Street Address		City, State, Zip	
Owner Name		Owner Street Address		City, State, Zip	
Owner E-Mail			Owner Phone Number		
Elevator Company		Elevator Company Street Address		City, State, Zip	
Elevator Company Registration Number		Elevator Company E-Mail		Elevator Company Phone Number	

	<u>State ID Number</u>	<u>Inspection Fee \$400</u>	<u>SFOO (Y/N)</u>	<u>Check #</u>	<u>Receipt # (DPS use only)</u>	<u>Fire Service OT Fee \$400</u>	<u>Receipt # (DPS use only)</u>	<u>Total Fee</u>
1			Y N					
2			Y N					
3			Y N					
4			Y N					
5			Y N					
6			Y N					
7			Y N					
8			Y N					
9			Y N					
10			Y N					

The elevator units listed above will be scheduled for inspection by the Department of Public Safety. I understand that the elevators to be inspected should be pre-inspected and made ready for the state safety inspection. Elevators inspected and found in non-compliance will be issued a DPS Work Order. Unsafe Elevators will be shut down pending repair and re-inspection. All elevators issued 90 day temporary certificates, unless issued an extension, will be re-inspected 90 days from the annual test date. Failure to be ready for or failure to pass the 90 day re-test will result in the elevator being shut down. Elevators shut down must re-apply for inspection with applicable additional fees, and will remain shut down until they are re-inspected and certified as safe.

You must submit one application for each elevator location. You may include up to ten units providing they are at the same location.

The Department is not responsible for verifying correct State ID Numbers on applications. Incomplete or incorrect applications will be returned to the sender.

Standard fee for annual inspection is \$400 per unit. The fee for overtime inspection is \$400 additional.

Signature of Owner or Approved Elevator Co. Rep.

Date

Name of Owner or Approved Elevator Co. Rep. (Print Legibly)

Send application and non-refundable check payable to the "Commonwealth of Massachusetts"

To: Department of Public Safety, P.O. Box 3814 Boston, MA 02241-3814

Note: Application fee is for the unit on behalf of owner, DPS will not issue refund if there is a loss of contract with the service company.