WORKMAN'S HOIST REGISTRATION/ INSPECTION REQUEST FORM

ELEVATOR SAFETY INSPECTION 10946 GOLDEN WEST DR, #160 HUNT VALLEY, MD 21031

elevator.safety@maryland.gov

Use this form to register a new unit, and/or to request an inspection on a new or existing unit.

[☐ NEW INSTALLAT	ION [□ 90 DAY	INSPECTION	
Owner Identification			_	4.02 - 0 - 2 - 2 - 3	
Company Name:					
Owner/Representative	Name:				
Street Address:					
City:	City:			Zip Code:	
Telephone Number:		Cell	l Number:		
Signature of Owner/Re	epresentative:				
Manufacturer:		Capacity		Speed/fpm:	
Serial Number:			WH Registration Number:		
Inspection Request Date:		Tim	Time:		
Location Information					
Site Name:					
Site Address:					
County:	City:			Zip Code:	
Arrival Date:	Arrival Date: De		arting Date:		
Contact On-Site (Sponsor):			Pho	Phone Number:	