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.

Г	NEW INSTALLAT	TION [□ 90 DAY	INSPECTION	
Owner Identification					
Company Name:					
Owner/Representative	Name:				
Street Address:					
City:			State:	Zip Code:	
Telephone Number:		Cell		l Number:	
Signature of Owner/Re	epresentative:	•			
Manufacturer:		Capacity		Speed/fpm:	
Serial Number:			WH Registration Number:		
					
Inspection Request Date:			Time:		
Location Information					
Site Name:					
Site Address:					
County:	City:			Zip Code:	
Arrival Date:	Arrival Date: D		arting Date:		
Contact On-Site (Sponsor):			Pho	Phone Number:	