

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

NEW INSTALLATION 90 DAY INSPECTION

Owner Identification

| | | |
|---|---------------------|------------------|
| Company Name: | | |
| Owner/Representative Name: | | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Telephone Number: | Cell Number: | |
| Signature of Owner/Representative: | | |

Workman's Hoist Information

| | | |
|-----------------------|--------------------------------|-------------------|
| 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: | Departing Date: | |
| Contact On-Site (Sponsor): | Phone Number: | |