



Martin O'Malley, Governor
Anthony G. Brown, Lt. Governor

Elevator Safety Inspection Unit
www.dllr.state.md.us/labor/elev.html

Workman's Hoist Registration / Inspection Request Form

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 or Authorized Representative _____

Workman's Hoist Information

Manufacturer : _____ Capacity _____ Speed _____ fpm

Serial No. _____ WH Registration Number _____

Inspection Requested **Date** _____ **Time** _____

Location Information

Site Name _____

Site Address _____

County _____ City _____ Zip Code _____

Arrival Date _____ Departing Date _____

Contact on Site (Sponsor) _____ Phone Number _____

