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| P:\My Pictures\Seal.jpg | **Commonwealth of Massachusetts**  **Division of Professional Licensure**  **Office of Public Safety and Inspections**  **NOTICE OF UPDATED ELEVATOR OWNER INFORMATION**  **Please e-mail form to:** [**elevator.scheduler@state.ma.us**](mailto:elevator.scheduler@state.ma.us) |

**Date:**      

**Elevator State ID Number(s):**

**Name of Elevator Location:**      

**Elevator Address - Street, City & Zip:**      

**Name of Owner:**      

**Owner Address - Street, City, State & Zip:**      

**Owner E-mail:**

***Please note: All Office correspondences will be sent to the owner e-mail***

**Owner Telephone:**      

**Name of Contact Person (if different than owner):**      

**Contact E-mail:**      

**Name of Elevator Company:**      

**MA Elevator Contractor Registration Number:**      

**Elevator Company E-mail:**      

**Owner or Owner Representative Signature:**      

***By typing your name above you agree that this is valid as your signature***