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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** |

**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***