

Department of Labor and Industries
 Specialty Compliance Services
 Elevator Section
 PO Box 44480
 Olympia WA 98504-4480
 (360) 902-6130

CONSTRUCTION ELEVATOR INSTALLATION APPLICATION AND INSPECTION DATA REPORT

One application per car
**CALL THE ELEVATOR SECTION FOR
 THE MOST CURRENT FEES**

Conveyance No.

Car #

Permission is hereby given to install the following described elevator:

Make checks payable to Dept of Labor and Industries

GENERAL

Address of elevator location		City	State	ZIP + 4
Name of building/Location of Lift		General Contractor/Responsible Party	UBI Number	
Owner of elevator	Address	City	ZIP+4	
Name of installer		Elevator Contractor's license number	License expiration date	
Name of manufacturer		User telephone no.	Date installed	
Type of elevator <input type="checkbox"/> Personnel <input type="checkbox"/> Material <input type="checkbox"/> Other	Installer telephone no.	Contract speed	Capacity Persons: Pounds:	

CAR

1. Size of platform	7. No. of gates or doors
2. No. of entrances	8. Is emergency stop switch identified? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Method of closing entrances	9. Type and location of car safety Anticipated # of jumps
4. Capacity (posted in car)	10. Type and location of car governor
5. How operated (car switch, APB, CPPB)	
6. Type of signals	11. Is governor and safety device equipped with cut-out switch? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Rise in feet	17. Are all entrances equipped with contacts and locks? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. No. of landings	18. Type of limit devices at top and bottom of hoistway
14. No. of entrances	19. Is hoistway properly enclosed? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Type of entrance	20. Are counterweights adequately protected or safely placed? <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Height of doors or gates	21. Material of guide rails
22. Location of machine	26. Is machinery guarded? 27. Is power 2 or 3 phase? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 2 phase <input type="checkbox"/> 3 phase
23. Type (traction, etc.)	28. Is reverse phase relay provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
24. Type of drive (geared, etc.)	29. Type of motor
25. Type of brake:	30. HP

HOISTWAY

MACHINE

CABLE

31. Hoisting Cable: No. Size	Installer's Signature
32. Governor Cable: No. Size	Address
Installation Permit issued	City State ZIP + 4
Operating Permit issued	Elevator Inspector approval signature