



S.C. DEPARTMENT OF LABOR, LICENSING & REGULATION
OFFICE OF ELEVATORS & AMUSEMENT RIDES
 P.O. Box 11329
 Columbia, S.C. 29211-1329
 (803) 734-9711

Elevator # _____
Owner # _____
Date: _____

ELEVATOR REGISTRATION
Inspection & Operation Permit Request

Location, Building Name	Street Address		City, State, Zip, County	
Owner	Street Address		City, State, Zip, County	
Leasee/Management Firm	Street Address		City, State, Zip, County	
Send Invoice To:	Billing Address		City, State, Zip, County	
Date Unit Installed	Manufacturer		Purpose for which Unit is used	
Type of Unit <input type="checkbox"/> Pass. <input type="checkbox"/> Frt. <input type="checkbox"/> Esc. <input type="checkbox"/> DW <input type="checkbox"/> H/L <input type="checkbox"/> _____ Other (specify)	Speed	Capacity/Contract Load		
	Type of Car Door	Type of Hoistway Door	# of Floors	
Machine Location	Type of machine <input type="checkbox"/> Traction <input type="checkbox"/> Hydraulic <input type="checkbox"/> Other (specify)			
# of Openings on Car	Supply Volts	Type of Operation or Control		
Name & phone # of person to contact regarding inspection: Name: _____ Telephone: _____		<i>Office Use Only</i>		