



Elevator Registration Notice
 Oklahoma Department of Labor
 Safety Standards Division - Elevator Inspections
 3017 N Stiles, Suite 100
 Oklahoma City, OK 73105
 405-521-6100

The Oklahoma Elevator Safety Act, O.S. Title 59 §3020 et seq. requires that all elevators and conveyances subject to the provisions of the Act be registered with the Commissioner of Labor. No fee is to be charged for the registration of an elevator or conveyance in operation on or before November 1, 2006. All new installations of elevators and conveyances must be registered with the Commissioner of Labor prior to their installation beginning November 1, 2006.

Elevator means any device for lifting or moving people, cargo, or freight within, or adjacent and connected to a structure or excavation, and includes any escalator, power-driven stairway, moving walkway or stairway chair lift. The term elevator does not include any amusement device, mining equipment subject to regulation by the Department of Mines, boiler grate stoker, aircraft, railroad car, boat, barge, ship, truck, or other self-propelled vehicle or component thereof, dumbwaiter, conveyor chair or bucket hoist, construction hoist or similar devices used for the primary purpose of elevating or lowering materials.

Federally owned conveyances, including those owned by sovereign tribal nations, conveyances installed in owner occupied private residences as defined in the Act, and any conveyance subject to the provisions of a municipal inspection program are exempt from the Oklahoma Elevator Safety Act.

This form when completed in its entirety shall be forwarded to the Oklahoma Department of Labor, Safety Standards Division by:

Mail: The Oklahoma Department of Labor
 Safety Standards Division
 3017 N Stiles, Suite 100
 Oklahoma City, OK 73105

FAX: 405-521-6018, Attention Safety Standards Division

Email: ODOL.elevators@labor.ok.gov

BUSINESS NAME:		POINT OF CONTACT E-MAIL:	
LOCATION (ADDRESS):		CITY:	ZIP CODE:
RESPONSIBLE PARTY BILLING ADDRESS (if different than above):		POINT OF CONTACT NAME:	COUNTY:
QUANTITY (QTY): OF ESCALATORS:		QTY: OF MOVING WALKS:	TELEPHONE #:
MANUFACTURER:		RATED LOAD AND SPEED:	QTY: WHEEL CHAIR LIFTS/VERTICAL/INCLINED PLATFORM LIFTS:
ELEVATOR SERIAL NUMBER	PERSONNEL	CARGO	NUMBER OF FLOORS SERVED
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____