

**Application for Residential Elevator Registration**  
 Oklahoma Department of Labor  
 Safety Standards Division - Elevator Inspections  
 409 NE 28th Street, 3rd Floor  
 Oklahoma City, OK 73105  
 405-521-6100

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
Permit Approved By	Date

RESIDENCE NAME				COUNTY			
LOCATION (ADDRESS)			CITY			ZIP CODE	
ELEVATOR CONTRACTOR		CONTACT PHONE		TENTATIVE START DATE		TENTATIVE COMPLETION DATE	
TYPE OF DEVICE <small>SPECIFY IF OTHER</small>		MANUFACTURED BY			MANUFACTURER'S NUMBER		
TYPE OF CONTROL <small>SPECIFY IF OTHER</small>		CAPACITY  _____ LBS	RATED SPEED  _____ FPM		RISE OF CAR  _____ FT _____ IN		NUMBER OF LANDINGS
INSPECTOR IF USING THIRD PARTY		LICENSE NUMBER					

**Verify by initials that the following information is included in the Permit Application Specifications:**

- \_\_\_\_\_ 1. Code of construction of all components of elevator system ASME Section 5.3, part 2, part 3, or Section 4.1, 4.2 or Section 5.2
- \_\_\_\_\_ 2. Code Data Plate to be stamped in accordance with ASME 17.1 Section 8.9
- \_\_\_\_\_ 3. Qualification of welders in accordance with ASME Section 8.8 if welding is to be performed during installation.
- \_\_\_\_\_ 4. Provide code specification on new construction if applicable Residential Building Code and National Electric Code.
- \_\_\_\_\_ 5. Specific reference to comply with ASME 17.1-5.3.1 Construction of Hoistway
- \_\_\_\_\_ 6. Specific reference to comply with ASME 17.1-5.3.1.6 Machinery Space of Control Space, Machine Room or Control Room.
- \_\_\_\_\_ 7. Specific reference to comply with ASME 17.1-5.3.1.2 Pits.
- \_\_\_\_\_ 8. Specific reference to comply with ASME 17.1-8.6 Maintenance.
- \_\_\_\_\_ 9. Detailed construction and design drawings of hoist way, machine room and elevator components.
- \_\_\_\_\_ 10. Registered Professional Engineer signature approving all documents and specifications submitted in the Permit application package.

**CONTRACTOR SIGNATURE**

CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY)		CONTRACTOR LICENSE NUMBER		DATE	
CONTRACTOR'S SIGNATURE		AN INSPECTION FEE WILL BE CHARGED FOR ANY INSPECTOR VISIT TO SITE PRIOR TO ACCEPTANCE INSPECTION.		AN INSPECTION AND CERTIFICATION FEE WILL BE CHARGED AT TIME OF ACCEPTANCE.	



Leslie Osborn

COMMISSIONER OF LABOR

## CODE SPECIFICATION CHECKLIST

The following information is necessary in order for our office to properly evaluate a request for a permit.

1. General Contractor Information:

a. General Contractor Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Elevator Contractor Information:

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

3. Address of Device Installation/Repair/Alteration:

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

4. IBC Code and Edition: \_\_\_\_\_

5. NEC Code and Edition: \_\_\_\_\_

6. ASME Code and Edition of Elevator Manufactured \_\_\_\_\_  
(Shall meet current adopted code)

If the latest edition/addenda of the above code(s) are not applicable, provide explanation for deviation of this requirement to the Elevator Safety Act OAC 380:70