

ELEVATOR REGISTRATION FORM

(Complete and return within 30 days of notification)

Must be typed or legibly printed (518) 279-7180

PLEASE COMPLETE AND SIGN A SEPARATE FORM FOR EACH ELEVATOR / LIFT

Building Location (required)

Building Name: _____

Building Address: _____

Building Owner's Name: _____

Building Owner's Address: _____ Phone # _____

Elevator/Lift Information

Name of Manufacturer: _____ Model/Serial # _____

Elevator Location: _____

Type ☐ Hydro-Elevator ☐ Traction-Elevator ☐ Dumb Waiter ☐ Moving Sidewalk/People Mover
☐ Lift ☐ Escalator ☐ Handicapped Lift ☐ Platform ☐ Stairway Chairlift ☐ Other _____

Use ☐ Freight ☐ Passenger ☐ Other (please specify) _____

Status ☐ Active ☐ Inactive ☐ Red Tagged

Last Inspection

Name of Company Performing Last Inspection: _____

Date of Last Inspection: _____ Name of Inspector: _____

Inspection: ☐ Pass ☐ Fail ☐ **PLEASE ATTACH COPY OF LAST INSPECTION REPORT**

Contact Information For our records we require a name/number for both general and emergency contact.

General (Name/Title): _____ Phone # _____

Emergency (Name/Title): _____ Phone # _____

Please Check One (required)

☐ I have an elevator / lift installed ONLY at this location.

☐ I have an elevator / lift installed at another location within Troy. (Please complete an additional form.)

☐ There is NO elevator / lift at this location. (Please complete Building Location info and sign this form.)

I certify that the information in this registration is true and complete to the best of my knowledge.

Building Owner Signature: _____ Date: _____

Returned forms can be submitted to elevators@troyny.gov or mailed to:

City of Troy
Elevator Registry
Bureau of Code Enforcement
433 River Street
Troy NY 12180

August 27, 2024