|  |  |
| --- | --- |
| P:\My Pictures\Seal.jpg | **Commonwealth of Massachusetts****Division of Occupational Licensure****Office of Public Safety and Inspections****NOTICE OF NEW ELEVATOR SERVICE CONTRACT****Please e-mail form to**: [**elevator.scheduler@mass.gov**](file:///%5C%5Ceps-fp-bos-011%5Csgenduso%24%5CForms%20and%20applications%5CForms%20with%20Electronic%20fill%20in%5Celevator.scheduler%40state.ma.us) |

**Date of New Contract:**

**New Elevator Company:**

**New Elevator Company Registration Number:**

**Old Elevator Company:**

**Name of Elevator Location:**

**Address of Elevator - Street, City & Zip Code:**

**Name of Elevator Owner:**

**Name of Contact Person:**

**Owner E-mail:**

***Please note: All OPSI correspondence will be sent to the owner e-mail***

**Owner Address - Street, City, State & Zip Code:**

**Owner Telephone:**

|  |
| --- |
| **State ID Number of Elevators at this Address** |
| **1.** |       | **8.** |       | **15.** |       |
| **2.** |            | **9.** |       | **16.** |       |
| **3.** |            | **10.** |       | **17.** |       |
| **4.** |       | **11.** |       | **18.** |       |
| **5.** |       | **12.** |       | **19.** |       |
| **6.** |       | **13.** |       | **20.** |       |
| **7.** |       | **14.** |       | **21.** |       |

***Note: If fees have been submitted to our office, any credits will remain with the unit, and will not be transferred to the old service company.***

**Signature:**       **Date:**

***By typing your name above you agree that this is valid as your signature***