



South Carolina Department of Labor, Licensing and Regulation

**Office of Elevators and Amusement Rides**

110 Centerview Dr. • Columbia • SC • 29210

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llr.sc.gov/elevators

**ELEVATOR REGISTRATION**

**Inspection and Operation Permit Request**

<b>Location/Building Name</b>	<b>Street Address</b>		<b>City, State, Zip, County</b>	
<b>Owner Name</b>	<b>Street Address</b>		<b>City, State, Zip</b>	
<b>Management Company</b>	<b>Street Address</b>		<b>City, State, Zip</b>	
<b>Elevator Installation Co. Name</b>	<b>Billing Address</b>		<b>City, State, Zip</b>	
<b>Installation Date</b>	<b>Manufacturer Name</b>		<b>Purpose for which Unit is used</b>	
<b>Unit Type</b> <input type="checkbox"/> Pass. <input type="checkbox"/> Freight <input type="checkbox"/> Esc. <input type="checkbox"/> DW <input type="checkbox"/> HL <input type="checkbox"/> Other (specify) _____	<b>Speed</b>	<b>Capacity/Load</b>		
	<b>Machine Location</b>		<b>Type of Hoistway Door</b>	<b>No. of Floors</b>
<b>Type of Car Door</b> <input type="checkbox"/> Slide Center Opening Slide <input type="checkbox"/> Single Section <input type="checkbox"/> Slide Two Section <input type="checkbox"/> Swing Center Opening Single Section <input type="checkbox"/> Swing Center Opening Two Section <input type="checkbox"/> Swing Single Section <input type="checkbox"/> Other (Specify) _____	<b>Type of Machine</b> <input type="checkbox"/> Traction w. Belts <input type="checkbox"/> MRL <input type="checkbox"/> Air Operated <input type="checkbox"/> Traction w. Steel Ropes <input type="checkbox"/> Rope Hydro <input type="checkbox"/> Chain <input type="checkbox"/> Hydraulic <input type="checkbox"/> Screw <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Rack & Pinion			
<b>No. of Openings on Car</b>	<b>Supply Volts</b>	<b>Type of Operation or Control</b>		
<b>Name and Phone No. of person to contact regarding inspection:</b>  Name: _____  Phone No.: _____		<b>STATE ID No.:</b> _____  <b>DATE:</b> _____		