Colorado Department of Labor and Employment Division of Oil and Public Safety – Conveyance Section 633 17 <sup>th</sup> Street, Suite 500 Denver, CO 80202-3610						Phone: 303-318-8533 Fax: 303-318-8534 Email: cdle_conveyance@state.co.us Web: ops.colorado.gov				
Conveyance Registration Notice										
The <u>Elevator and Escala</u> of Oil and Public Safety or postal mail, and ther Company Contact you	(OPS) bef n we will is	fore they are placed in ssue an invoice for th	nto serv	ice. To regi	ster conv	veyances, subm	nit thi	is form t	to OPS via email	
		Bu	ilding lı	nformatio	n					
Building Name:										
Building Address:	Street:							1		
	City:	.y:		County:				ZIP:		
Is this building a Fede	ral facility	∕? □ Yes	🗆 No	ls this bu	ilding a S	State facility?		Yes	□ No	
Owner/Management Company Information										
Owner/Management Company Name:										
Owner/Management Company Address:	Street:									
	City:			State:				ZIP:		
Contact Name:				Phone Nu	Phone Number:					
Email Address:				Fax Number:						
	lf register	Conv ring more than 5 conv		e Informati s, submit ad		copies of this f	orm.			
Conveyance Number			1		2	3		4	5	
Conveyance Type (hydraulic elevator, traction elevator, escalator,										
moving walk, inclined/vertical platform lift, etc.)										
Conveyance Job/Contract number or Serial number (located on the conveyance controller)										
Other Owner Designation <sup>1</sup>										
Number of landings										
Passenger (P) or Freight (F) (if Freight, indicate A, B or C)										
New Installation (N) or Existing Conveyance (E) <sup>2</sup>										
Year Installed										
Manufacturer Name										
Capacity (in pounds)										
Model Name or Number										
<sup>1</sup> Enter any other designation <sup>2</sup> Indicate whether the conv										