



DEPARTMENT OF
BUILDINGS & REGULATORY COMPLIANCE

200 HENRY JOHNSON BLVD.—SUITE 1 | ALBANY, NY 12210
518.434-5995 | FAX 518.434.6015 | EMAIL: CODES@ALBANYNY.GOV

ELEVATOR REGISTRATION FORM

This form must be filled out completely and legibly. **Email addresses are now required.**

Building Address: _____
 Owner of Record: _____
 Owner Address: _____
 (please include zip) _____
 Owner Phone: _____
Owner Email: _____

Agent Name: _____
 Agent Address: _____
 (please include zip) _____
 Agent Phone: _____
Agent Email: _____

Building Name: _____

| OFFICIAL USE ONLY | |
|-------------------|-------|
| Date Rec'd | _____ |
| Total # Units | _____ |
| Fee | _____ |
| Amt. Encl. | _____ |
| Check No. | _____ |
| Reg. No. | _____ |
| Approv'd By | _____ |

- Nature or (Primary) Use of Building: _____
- Current Elevator Data: **Each Elevator must be listed separately**

| | | | | | | | |
|-----------------------|--|--|--|--|--|--|--|
| a) Unit No. | | | | | | | |
| b) City No. | | | | | | | |
| c) Use Classification | | | | | | | |
| d) Manufacture | | | | | | | |
| e) Date Installed | | | | | | | |
| f) Speed | | | | | | | |
| g) Capacity | | | | | | | |
| h) No. Stops | | | | | | | |
| i) Machine Type | | | | | | | |
| j) Type Operation | | | | | | | |
| k) Maintenance Co. | | | | | | | |

Signed: _____ Title: _____
 Name: _____ Company: _____
 Date: _____

Please return this form along with the registration fee to the Department of Buildings & Regulatory Compliance - Make checks payable to "City of Albany".

Credit Card Payment Information

Credit Card Number: _____ Exp. Date _____ CVV Code: _____

Thank you!