

Department of Industrial Relations  
Division of Occupational Safety and Health

**ELEVATOR UNIT**

**Certification Section**

1750 Howe Avenue, Suite 420

Sacramento, CA 95825

Phone: (916) 274-5709

Fax: (916) 263-1957

Email: [ElevatorCert@dir.ca.gov](mailto:ElevatorCert@dir.ca.gov)



**VOLUNTARY  
MANUFACTURER OR CONSTRUCTION PERSONNEL HOIST COMPANY  
DATA SHEET (MFG OR CPH)  
(Complete what is applicable)**

Name of Company: \_\_\_\_\_

Type: (MFG or CPH):  MFG  CPH

Business or Contractors License Number: \_\_\_\_\_

State or Country of Issuance: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(if different from above)

Business Address: \_\_\_\_\_

Local address in California (if applicable): \_\_\_\_\_

Factory Location (MFG): \_\_\_\_\_

Describe services or products provided: \_\_\_\_\_

I, \_\_\_\_\_, hereby attest the information provided is true and accurate.

\_\_\_\_\_  
Authorized individual **signature**

\_\_\_\_\_  
Date

\*Please submit this form by mail or Email to the address listed above.\*

**Along with the completed form, please provide copies of the following:**

- **Insurance certificates (General Liability and Worker's Compensation) (CPH)**
- **Information on devices to be sold to customers in California (general list/info delineating products)**
- **Copy of Business or Contractors License**