

Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT



Change of Responsible Party Information

Company Name: _____ Today's Date: _____

Name of person making change: _____

Phone Number: _____ FAX: _____

Address where Conveyance is located: _____

Conveyance Number(s) *Elevators, Escalators, Wheelchair Lifts, CPH's, Dumbwaiters, VRC's, etc.*

Has your Conveyance received a Permanent Variance? _____

Has New Owner been informed of Variance? _____

Is Variance posted in Machine Room or Machine Space? _____

Has an application for the Permanent Variance Transfer been completed and submitted by the new owner? _____

Original Owner / Responsible Party: _____

Attention: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

New Owner / Responsible Party: _____

Attention: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____