

LOUISIANA DEPARTMENT OF PUBLIC SAFETY PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

CONVEYANCE DEVICE REGISTRATION FORM

NOTE: R.S. 40:1664.1, et seq. requires that beginning July 1, 2019, owners of conveyance devices installed prior to July 1, 2019 must register the devices with the Office of State Fire Marshal. This law also requires firms that install conveyance devices on or after July 1, 2019 must register the devices with the Office of State Fire Marshal within thirty (30) days of installation.

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☐ OWNER OF CONVEYANCE DEVICE											
NAME OF OWNER:	OFFICE ADDRESS:										
TELEPHONE:	EMAIL ADDRESS:		CITY:		STATE:	ZIP:					
☐ OWNER REPRESENTATIVE REGISTERING CONVEYANCE DEVICE											
NAME OF PERSON REGISTERING THE		OFFICE ADDRESS:									
TELEPHONE:	TITLE / POS	ilTION:	CITY:	STATE:	ZIP:						
☐ INSTALLING FIRM											
NAME OF INSTALLING FIRM:			FIRM ADDRESS:	OSFM LIC:	EXP DATE:						
TELEPHONE:	EMAIL ADD	RESS:	CITY:		STATE:	ZIP:					
NAME OF MECHANIC INSTALLING THE		ADDRESS:		OSFM LIC:	EXP DATE:						
TELEPHONE:	EMAIL ADD	RESS:	CITY:		STATE:	ZIP:					
NAME OF STRUCTURE WHERE CONVE	CE IS LOCATED:	ADDRESS OF STRUCTURE: CITY:									
MANUFACTURER:	SERIAL I	SERIAL NUMBER:		TALLED (IF KNOWN): RATED LOAD							
TYPE OF CONVEYANCE DEVICE: ELEVATOR POWER-DRIVEN STAIRWAY	☐ DUMBWAITER ☐ PLATFORM HOIST ☐ WHEELCHAIR LIFTS ☐ ESCALATOR ☐ MOVING WALK ☐ OTHER:										
FOR ADDITIONAL DEVICES, USE CONTINUATION FORM											
		ACKNOWLE	EDGEMENT								
The information entered on this form is true to the best of my knowledge and belief. I understand that any willful falsification of pertinent information required on this form or failure to properly register the conveyance device(s) may be considered a violation of R.S. 40:1664.1, et seq. and subject to administrative penalty by the Office of State Fire Marshal.											
SIGNATURE OF DEVICE OWNER / REPR	R INSTALLING MECHANIC		•	D#	ATE						
DIRECTIONS: Once completed, please mail to the address below or attach to an email to: marlene.aucoin@la.gov.											
FOR OFFICE USE ONLY											
OSFM STRUCTURE NUMBER(S):			OSFM REGISTRATION NUMB	BER(S):							
COMMENTS:											

CONVEYANCE DEVICE REGISTRATION FORM

(CONTINUATION)

NAME OF STRUCTURE WHERE CONVEYANCE DEVICE				IS LOCATED:		ADDRESS OF STRUCTURE	i:	CITY:			
MANUFACTURER:			SERIAL NUMBER:			DATE INSTALL	ED (IF KNOWN):	RATED LOAD:			
TVDE	OF CONVEYANCE DEVICE:										
	ELEVATOR		DUMBW	AITER		PLATFORM HOIST [WHEELCHAIR	LIFTS			
	POWER-DRIVEN STAIRWAY		ESCALA	TOR		MOVING WALK	OTHER:				
NAME OF STRUCTURE WHERE CONVEYANCE DEVICE			S LOCATED: ADDRESS OF STRUCTURE:			i:	CITY:				
MANUFACTURER:			SERIAL NUMBER:			DATE INSTALL	DATE INSTALLED (IF KNOWN): RATED LOAD:				
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	ELEVATOR POWER-DRIVEN STAIRWAY		DUMBW. ESCALA			PLATFORM HOIST [MOVING WALK [_	LIFTS			
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NAM	E OF STRUCTURE WHERE CONV	/EYANC	E DEVICE	IS LOCATED:		ADDRESS OF STRUCTURE	:	CITY:			
MAN	UFACTURER:				SER	IAL NUMBER:	DATE INSTALL	ED (IF KNOWN):	RATED LOAD:		
l	OF CONVEYANCE DEVICE:					_					
	ELEVATOR POWER-DRIVEN STAIRWAY		DUMBW. ESCALA			PLATFORM HOIST [MOVING WALK [_	LIFTS			
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NAME OF STRUCTURE WHERE CONVEYANCE DEVICE IS				IS LOCATED:		ADDRESS OF STRUCTURE	i:	CITY:			
MANUFACTURER:			SERIAL NUMBER:			DATE INSTALL	ED (IF KNOWN):	RATED LOAD:			
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	ELEVATOR POWER-DRIVEN STAIRWAY		DUMBW. ESCALA			PLATFORM HOIST [MOVING WALK [WHEELCHAIR LIFTS OTHER:				
FOR ADDITIONAL DEVICES, COPY THIS FORM											
				ACKNO	OW	LEDGEMENT					
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COMMENTS:											