



Office of the State Fire Marshal
 Elevator Safety Division
 800 SW Jackson, Suite 104
 Topeka, KS 66612
 (785) 296-3401 Fax: (785)296-0151
KSFM_Elevators@ks.gov

OSFM OFFICE USE ONLY
 PAYMENT RECEIVED:

Kansas Elevator Certificate of Operation Registration Application

**New Application
 Renewal**

Elevator Location (Building Name):

County:

Location (Address):

City:

State:

Zip:

Property Owner
 Name:

Property Owner
 Phone Number:

Property Owner
 Billing Address:

Property Owner
 Email:

City:

State:

Zip:

Owner's Agent
 Name (if any):

Elevator Operator
 Name (if any):

Owner's Agent
 Billing Address:

Elevator Operator
 Billing Address:

City:

State:

Zip:

City:

State:

Zip:

Owner's Agent
 Phone Number:

Elevator Operator
 Phone Number:

Owner's Agent
 Email:

Elevator Operator
 Email:

Number of Elevators:

Installation Date:

Type of Device/Conveyance:

Manufactured By:

Capacity:

LBS

Rated Speed:

FPM

Number of Floors/
 Landings:

Manufacturer's Serial Number:

Personnel

Cargo

Number of Floors Served:

Email completed form to:
KSFM_Elevators@ks.gov

Elevator Registration Annual Fee:
\$100 per Unit

**You will be invoiced for your
 Elevator Registration fees
 and can pay by credit card at:**
firemarshal.ks.gov

If more space is needed attach additional pages to application

Owner/Owner's Agent Signature:

Date: