



**Kansas 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](mailto:KSFM_Elevators@ks.gov)

## Elevator Registration

*Unit Registration Notice:*

*The Kansas Elevator Safety Act requires that all elevators and conveyances subject to the provisions of the Act be registered with the Kansas State Fire Marshal. Elevator means any device for lifting people or moving people, cargo, or freight within, or adjacent and connected to a structure or excavation, and includes any escalator, power-driven stairway, moving walkway, or stairway chair lift. The term elevator does not include any amusement device, mining equipment subject to regulation, boiler grate stoker, aircraft, railroad car, boat, barge, ship, truck, or other self-propelled vehicle or component thereof, dumbwaiter, conveyor chair or bucket hoist, construction hoist or similar devices used for the primary purpose of elevating or lowering materials.*

<b>Unit Location</b> (Building Name)	<input style="width: 95%;" type="text"/>	<b>County</b>	<input style="width: 95%;" type="text"/>
<b>Location (Address)</b>	<input style="width: 100%;" type="text"/>		
<b>City</b>	<input style="width: 25%;" type="text"/>	<b>State</b>	<input style="width: 5%;" type="text"/>
	<b>Zip</b>	<input style="width: 25%;" type="text"/>	
<b>Property Owner</b> Name	<input style="width: 100%;" type="text"/>		
<b>Address</b>	<input style="width: 100%;" type="text"/>		
<b>City</b>	<input style="width: 25%;" type="text"/>	<b>State</b>	<input style="width: 5%;" type="text"/>
	<b>Zip</b>	<input style="width: 25%;" type="text"/>	
<b>Owner's Agent</b> Name (if any)	<input style="width: 100%;" type="text"/>		
<b>Billing Address</b>	<input style="width: 100%;" type="text"/>		
<b>City</b>	<input style="width: 25%;" type="text"/>	<b>State</b>	<input style="width: 5%;" type="text"/>
	<b>Zip</b>	<input style="width: 25%;" type="text"/>	
		<b>Phone Number</b>	<input style="width: 50%;" type="text"/>
		<b>Email</b>	<input style="width: 95%;" type="text"/>
		<b>Email</b>	<input style="width: 95%;" type="text"/>
		<b>Phone Number</b>	<input style="width: 95%;" type="text"/>

Manufacture Serial Number	Manufactures Name	Installation Date	Passenger	Freight	Platform Lift	Floor Served	Number of Landings	Rated Speed FPM	Capacity LBS
<input style="width: 95%;" type="text"/>									
<input style="width: 95%;" type="text"/>									
<input style="width: 95%;" type="text"/>									
<input style="width: 95%;" type="text"/>									
<input style="width: 95%;" type="text"/>									

**Owner/Owner's Agent Printed Name**

**Owner/Owner's Agent Signature**  **Date**

Email Completed Form To: [KSFM\\_Elevators@ks.gov](mailto:KSFM_Elevators@ks.gov)