

INSTRUCTIONS FOR THE LIFTING DEVICE REGISTRATION FORM

1. Complete the section on the company information, including the company name and address, the county, phone number, and a contact person for the company.
2. Complete the device section for each device that your company owns or operates.
3. The serial number can usually be found on the device.
4. Under location, please list the actual location of the device—if it is at a different address than the company that owns it, list that address, if it is at the same address, but in different buildings, list the building name.
5. For type list what type of lifting device you own, such as elevator, chairlift, dumbwaiter, etc.
6. Under installed, please list the year that the device was installed in your building.
7. For landings, list the number of stops that the device makes. For example, if an elevator stops on three floors, it has three landings.
8. The make is the name of the company that manufactured the device.
9. The capacity is the maximum weight that the device can lift. It is usually found on the device.
10. Use additional copies of the form if registering more than four devices.
11. After completing the form, please sign it and return to:

West Virginia Division of Labor
Safety Section
Building 6, Room 749-B
Capitol Complex
Charleston, WV 25305
11. If you have any questions, please contact us at (304) 558-7890.

WEST VIRGINIA DIVISION OF LABOR

749-B Building 6, Capitol Complex · Charleston, West Virginia 25305

Phone (304) 558-7890 · Fax (304) 558-2415

HTTP://WWW.WVLABOR.ORG



LIFTING DEVICE REGISTRATION

Company Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Contact Person: _____

Device One

Serial Number:	Location:	
Type:	Installed:	Landings:
Make:	Capacity:	

Device Two

Serial Number:	Location:	
Type:	Installed:	Landings:
Make:	Capacity:	

Device Three

Serial Number:	Location:	
Type:	Installed:	Landings:
Make:	Capacity:	

Device Four

Serial Number:	Location:	
Type:	Installed:	Landings:
Make:	Capacity:	

Signature of Person Submitting Form: _____

Date: _____