



Office of the Illinois State Fire Marshal
 Division of Elevator Safety
 1035 Stevenson Drive
 Springfield, IL 62703-4259
 217-785-0969
 Fax 217-782-1062



APPLICATION FOR CERTIFICATE OF OPERATION

This *application* form is strictly for the certificate of operation for each elevator, escalator, platform lift, power-driven stairway and stairway chairlift (collectively hereinafter referred to as “conveyance”) at your location. The Owner must complete this *application* for existing conveyance(s), and the Contractor must complete this *application* for all new conveyances that they install. The state will issue a Certificate of Operation **only** for conveyance/s located in a municipality that has **not** signed an Elevator Safety Program Agreement with the state. Please check with your municipality before submitting this application.

All *application* forms must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, 1035 Stevenson Drive, Springfield, Illinois 62703. The Office will **INVOICE** you for the initial certification fee of \$100.00 or the renewal fee of \$75.00. **(PLEASE DO NOT SEND MONEY WITH THIS APPLICATION). A copy of a final inspection report must also be submitted with each application.** The Elevator Safety Division will process the *application(s)* in the order that they are received, and shall issue a certificate of operation for each conveyance. This certificate must be displayed in the conveyance.

NOTE: Your conveyance MUST be registered with the State of Illinois prior to requesting a Certificate of Operation.

THIS SECTION FOR OFFICIAL USE ONLY

Illinois Certificate of Operation

Date Issued

Check One: Existing New

Check One: Initial Registration (\$100) Renewal (\$75)

1. Building Location

Name of Building (or Number):	County:
Building Address (include City/State/Zip Code):	

2. Building Owner

Name of Building Owner:	
Owner’s Address (include City/State/Zip Code):	
Phone Number of Owner:	Fax Number of Owner:
Conveyance Registration No.:	

I certify under penalty of perjury that the information on this registration is true and complete to the best of my knowledge.

Signature _____ Date: _____

Print Name (and Title) _____

Name of Company _____

Address _____

Contact Phone Number _____