



ELEVATOR SAFETY BOARD
ARKANSAS DEPARTMENT OF LABOR AND LICENSING
 900 W Capitol, Suite 400, Little Rock, Arkansas 72201
 Phone 501-682-4500 TRS 800-285-1131
www.labor.arkansas.gov

**APPLICATION FOR INSTALLATION-ALTERATION-MODERNIZATION OR RELOCATION OF
 A NEW OR EXISITING ELEVATOR, ESCALATOR, DUMBWAITER.OR CHAIR LIFT.**

Application Type: <input type="checkbox"/> Installation <input type="checkbox"/> Alteration <input type="checkbox"/> Modernization <input type="checkbox"/> Relocation					
Application is for a: <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Dumbwaiter <input type="checkbox"/> VPL <input type="checkbox"/> Chair Lift					
Applicant Name:			Date:		
Mailing Address:			City:	State:	Zip:
Phone:			Cell:		
Email Address:					
Owner:			Phone:		
Address:			City:	State:	Zip:
Owner Email Address:					
Location Building Name:					
Building St. Address:			City:	State:	Zip:
General Contractor (New Construction):			Contractor Email Address:		
Contractor Contact:			Phone:		
Conveyance Type: <input type="checkbox"/> Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Dumb Waiter <input type="checkbox"/> Workman's Hoist <input type="checkbox"/> Wheelchair Lift <input type="checkbox"/> Moving Walk <input type="checkbox"/> Material Lift					
Conveyance Classification: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight <input type="checkbox"/> Service					
Drive Mechanisms: <input type="checkbox"/> Traction <input type="checkbox"/> Hyd. Direct Plunger <input type="checkbox"/> Chain Drive <input type="checkbox"/> Drum <input type="checkbox"/> Rack-Pinion <input type="checkbox"/> Hydraulic Cable <input type="checkbox"/> Screw Column <input type="checkbox"/> Poly Roller Rack <input type="checkbox"/> Roller Chain Hyd. <input type="checkbox"/> Hand-Power <input type="checkbox"/> Linear Induction Other (Describe)					
Class Loading: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C1 <input type="checkbox"/> C2 <input type="checkbox"/> C3					
Manufacturer:			Manufacturer #:		
Speed (F.P.M):		Capacity (Lbs./Passengers):		Platform Size (Sq Ft.):	
Travel/Rise:	#Landings:	#Openings:	Front:	Rear:	Side:

Machine Location: <input type="checkbox"/> Overhead <input type="checkbox"/> Basement <input type="checkbox"/> Hoistway		
Remote/Other (Describe):		
Control Location: <input type="checkbox"/> Overhead <input type="checkbox"/> Basement <input type="checkbox"/> Door Jamb <input type="checkbox"/> Control Space		
Remote/Other (Describe):		
Piston Diameter (Round to 3 decimals):	Number of Pistons:	Pit Depth:
Conforms to: <input type="checkbox"/> ASME/a17.1 <input type="checkbox"/> ANSI A117.1 Handicapped <input type="checkbox"/> NEI Handicapped		
<input type="checkbox"/> NFPA(YR):	<input type="checkbox"/> ADA-1991:	<input type="checkbox"/> NFPA 101 Life Safety Code: <input type="checkbox"/> Other Applicable Code:
Fees: Elevators \$150.00 Escalators/Moving Walks \$200.00 Dumbwaiters \$100.00 Wheelchair Lifts \$100.00 Workman's Hoist \$100.00 Major Alterations \$100.00 Fee includes the initial operating permit and final inspection fee. Scheduled Inspection cancelled without due notice to the Department, or the elevator is incomplete by the judgement of the Inspector, the Department shall charge the elevator contractor shall be charged an additional fee of \$100.00 for an additional final inspection.		
<input type="checkbox"/> It is hereby agreed that if this application is granted and a permit issued therefore, that this elevator, escalator, dumbwaiter, or chair lift will conform in every detail with the code regulating elevators, escalators, dumbwaiters or chair lifts in the State of Arkansas. This elevator, escalator, dumbwaiter or chair lift shall not be operated until State Code is satisfied and a certificate of operation is issued by the Elevator Safety Section of the Arkansas Department of Labor and Licensing.		
One copy of the specifications and plans shall accompany this application and shall be retained by the Department of Labor and Licensing.		
Provide a detailed explanation of any proposed alteration to existing equipment:		
Incomplete applications or applications without payment will be returned for completion.		
Applicant Name (printed):		Date:
Signature:		

FOR DEPARTMENT USE ONLY:

AS#:	Permit Issued to:
Approved by:	Date of Inspection:
Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	
Payment Transaction# or Check/M.O Number:	

