



ARKANSAS DEPARTMENT OF LABOR AND LICENSING

ELEVATOR SAFETY BOARD – CHANGE OF ADDRESS FORM

900 WEST CAPITOL AVE - LITTLE ROCK, AR 72201

PLEASE NOTE ANY CORRECTIONS AND SUPPLY ADDITIONAL INFORMATION REQUESTED

ARKANSAS STATE ELEVATOR NUMBER: AS _____

PHYSICAL LOCATION OF ELEVATOR

BUILDING NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUILDING OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS (IF DIFFERENT FROM PHYSICAL LOCATION)

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER ADDRESS (IF DIFFERENT FROM BILLING/PHYSICAL LOCATION)

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

ELEVATOR SERVICE COMPANY: _____

ELEVATOR INSPECTION COMPANY: _____

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

Please fill out form entirely and email to ADLL.Elevator@arkansas.gov

AGENCY USE ONLY

DATE APPLICATION RECEIVED	DATE CHANGED	STAFF SIGNATURE

COPY ATTACHED TO ELEVATOR FILE: