

# Application for Permit to Alter/Repair an Elevator of Escalator

Oklahoma Department of Labor  
 Safety Standards Division – Elevator Inspections  
 3017 N Stiles, Suite 100  
 Oklahoma City, OK 73105  
 (405) 521-6100

Alteration      Repair      Both

OFFICE USE ONLY	
STATE SERIAL NUMBER	
PERMIT NUMBER	
PERMIT APPROVED BY	DATE

The Oklahoma Department of Labor will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**This form is issued under authority of 59 O.S. § 3020 et seq. You must complete this form and return it to the above address if you want to alter or do a major repair on an elevating device.**

**O.A.C. 3021 B.1. A person, firm or corporation shall not install, alter, or do a major repair on an elevator without first having obtained a permit from the department. A permit shall be issued only to a person, firm or corporation licensed by the director as an elevator contractor. Permit applications shall be made on forms furnished by the department.**

**380:70-11-8 An Altered, including major repairs, or relocated elevator shall not be placed into service until it has been inspected.**

ELEVATOR LOCATION (BUILDING NAME)				COUNTY	
LOCATION (ADDRESS)			CITY		ZIP CODE
BILLING INFORMATION (OWNER OR DESIGNATED AGENT)			EMAIL		
BILLING ADDRESS		CITY		STATE	
				ZIP CODE	
CONTRACTOR'S COMPANY NAME AND BRANCH OFFICE (CITY)				CONTRACTOR'S LICENSE NUMBER	
MANUFACTURED BY				MANUFACTURER'S SERIAL #	
TYPE OF ELEVATOR		MACHINE TYPE			VOLTAGE
PASSENGER      ESCALATOR		TRACTION      HYDRAULIC			
FREIGHT      OTHER _____		DRUM      ROPED HYDRAULIC			_____ A.C.    D.C.
		OTHER _____			
CAPACITY	FLOORS TRAVELED	RISE	SPEED	NO. CAR ENTRANCES	NO. HOISTWAY ENTRANCES
_____ LBS		_____ FT    _____ IN	_____ FPM		
LIST EACH SPECIFIC ALTERATION AS LISTED IN ASME A17.1 SECTION 8.7					
CONTRACTOR'S SIGNATURE			PRINT NAME		DATE
OFFICE USE ONLY					
INSPECTOR'S COMMENTS					
INSPECTOR'S SIGNATURE			INSPECTOR NUMBER		DATE