

Elevator Address Changes and Ownership Changes Information

To change address/ownership on Elevator certificates complete the Change Form attached. Use this form when there is any change in owner, site, or mailing information pertaining to any single or multiple unit/s.

Once completed please submit to elevator.safety@maryland.gov for the change. Please note that the section labeled "**Mail**" is where the certificates would go. If you are only inquiring about changing that address or the information included, please complete that section only and include the proper elevator registration number(s) for the change directly below in the designated box. **Please also include the correct person's name under "Owner/Lesse Representative Name " in this section to your person of choice.** This will allow a person's name to be set at attention when mailing the future certificates. If any units are at different locations, please be sure to complete multiple forms and include the unit(s) within that location at the bottom of the form.

OWNER SECTION: This address is where all state correspondence, outside of the certificates, would go.

SITE SECTION: If there are **business name changes** you will complete this section. The address in this section is where the unit is located. It should not change **unless** the address was temporary during construction or if there's a clerical error of the current listed address. If so, please indicate this in the email submission for adjustment in the state system.



Elevator and Escalator Safety - Safety Inspection



**CHANGE OF:
OWNERSHIP
BUILDING/SITE NAME
MAILING ADDRESS**

ELEVATOR SAFETY INSPECTION
10946 GOLDEN WEST DR, #160
HUNT VALLEY, MD 21031
elevator.safety@maryland.gov

Be sure to sign and date this form.

☐ Change of Ownership Name/Address ☐ Change in Site Name/**Address** ☐ Change in Mail Name/Address

OWNER	Owner Name (individual, Partnership, Corporation)		Owner Phone
	Owner Street Address (or name and address of Agent/Management Company)	City, State, Zip	
	Owner Email		

SITE	Site Name (individual, Partnership, Corporation)	County	Site Location Phone
	Site Street Address	Site City, State, Zip	
	Type of Facility (i.e., School, Church, Office Building, etc.)		

* PLEASE ENTER CERTIFICATE MAILING ADDRESS BELOW *

MAIL	Mail Name (individual, Partnership, Corporation)	County	Mail Location Phone
	Mail Street Address	Mail City, State, Zip	
	Mailing Email		
Owner / Lessee Representative Name		Title	Representative Phone

The changes made above applies to the following unit registration numbers: (example: MT1234)

Please double check to be sure you include ALL UNITS at this particular site. For multiple sites, please use multiple forms. Thank you.

Signature of Owner or Lessee: _____

Date: _____