



Office of the Illinois State Fire Marshal
 Division of Elevator Safety
 James R. Thompson Center
 100 West Randolph Street, Suite 4-600
 Chicago, Illinois 60601
 Phone: 312-814-1325



CHANGE OF OWNERSHIP/CONTACT INFORMATION FOR REGISTERED CONVEYANCES

If you are changing a location name, the owner of a conveyance, who should be invoiced and/or who the contact person for the conveyance is, please fill out this form and submit to the Office of the State Fire Marshal, Division of Elevator Safety, at the above address. This information may also be faxed to 312-814-3459.

1. Building Location:

Conveyance Number/ Numbers:	
Name of Building (or Number):	County:
Building Address (include City/State/Zip Code):	
Nature of Business at this Location:	

2. Building Owner:

Name of Building Owner:	
Owner's Address (include City/State/Zip Code):	
Phone Number of Owner:	Fax Number of Owner:
Email Address of Owner:	FEIN or Social Security Number of Owner (not Tax-Exempt No.)

3. Billing Information (If different than Owner Information):

Name on Invoice:	Telephone Number:
Address (include City/State/Zip Code):	
Email Address (an electronic copy of the invoice will be sent and you will be able to pay online):	

7. Signature (Contact Person for this conveyance – where a registration tag or certificate of operation should be mailed):

Signature _____ Date: _____

Print Name (and Title) _____

Name of Company _____

Address _____

Contact Phone Number _____ Contact Fax Number _____

Contact Email: _____