



**Illinois Office of the State Fire Marshal
 Division of Elevator Safety
 James R. Thompson Center
 100 West Randolph Street, Suite 4-600
 Chicago, IL 60601
 312-814-1325
 Fax 312-814-3459**



APPLICATION FOR CERTIFICATE OF OPERATION

This *application* form is strictly for the certificate of operation for each elevator, escalator, platform lift, power-driven stairway and stairway chairlift (collectively hereinafter referred to as “conveyance”) at your location. The **Owner** must complete this *application* for new and existing conveyance(s). The state will issue a Certificate of Operation **only** for conveyance(s) located in a municipality that has **not** signed an Elevator Safety Program Agreement with the state. Please check with your municipality before submitting this application.

All application forms must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, James R. Thompson Center, 100 West Randolph Street, Suite 4-600, Chicago, Illinois 60601. The Office will **INVOICE** you for the initial certification fee of \$100.00 or the annual renewal fee of \$75.00. **(PLEASE DO NOT SEND MONEY WITH THIS APPLICATION).** **A copy of a final inspection report indicating the conveyance has PASSED inspection must also be submitted with each application.** The Elevator Safety Division will process the *application(s)* in the order that they are received, and shall issue a certificate of operation for each conveyance upon payment of the invoice. This certificate must be displayed in the conveyance and must be renewed on an annual basis based on an annual conveyance inspection.

NOTE: Your conveyance MUST be registered with the State of Illinois prior to requesting a Certificate of Operation.

THIS SECTION FOR OFFICIAL USE ONLY	
_____	_____
Illinois Certificate of Operation	Date Issued

1. Building Location

Name of Building (or Number):	County:
Building Address (include City/State/Zip Code):	

2. Building Owner

Name of Building Owner:	
Owner’s Address (include City/State/Zip Code):	
Conveyance Registration No:	FEIN or SS# of Owner:
Phone No. of Owner:	Fax No. of Owner:

I certify under penalty of perjury that the information on this registration is true and complete to the best of my knowledge.	
Signature _____	Date: _____
Print Name (and Title) _____	
Name of Company _____	
Address _____	
Contact Phone Number _____	