



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Conveyance Section
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CONVEYANCE REGISTRATION NOTICE

(REVISED 11/2014)

The [Elevator and Escalator Certification Act](#) requires that all regulated conveyances be registered with the Colorado Division of Oil and Public Safety (OPS) before they are placed into service. To register conveyances, submit this form, along with a check made payable to OPS for the registration fees (\$200 per conveyance), to the address listed above.

Building Information

Building Name:					
Building Address:					
City:		County:		ZIP:	
Is this building a Federal facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is this building a State facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Owner/Management Company Information

Owner/Management Company Name:					
Owner/Management Company Address:					
City:		State:		ZIP:	
Contact Name:			Phone Number:		
Email Address:			Fax Number:		

Conveyance Information

(If registering more than 5 conveyances, submit additional copies of this form.)

Conveyance Number (for OPS use only)	1	2	3	4	5
	CP#	CP#	CP#	CP#	CP#
Conveyance Type (hydraulic elevator, traction elevator, escalator, moving walk, inclined/vertical platform lift, etc.)					
Conveyance Job/Contract number or serial number (located on the conveyance controller)					
Other Owner Designation ¹					
Number of landings					
Passenger (P) or Freight (F)					
New Installation (N) or Existing Conveyance (E) ²					
Year Installed					
Manufacturer Name					
Capacity (in pounds)					
Dimensions of floor in feet (elevators only) (for example, 5 ft x 5 ft or 25 ft ²)					
Elevator door operation (manual or powered)					

¹ Enter any other designation ID assigned to the conveyance by the owner or regulating jurisdiction.

² Indicate whether the conveyances are newly installed or already existing at time of registration.

Total Number of Conveyances Registered:		Total Registration Fee enclosed: (Number of Conveyances x \$200.00)	\$
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For OPS Use Only

Check Date:		Check #:		Check Amount:		Issuer:	
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