



LOUISIANA DEPARTMENT OF PUBLIC SAFETY
PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL

CONVEYANCE DEVICE REGISTRATION FORM

NOTE: R.S. 40:1664.1, et seq. requires that beginning July 1, 2019, owners of conveyance devices installed prior to July 1, 2019 must register the devices with the Office of State Fire Marshal. This law also requires firms that install conveyance devices on or after July 1, 2019 must register the devices with the Office of State Fire Marshal within thirty (30) days of installation.

<input type="checkbox"/> OWNER OF CONVEYANCE DEVICE				
NAME OF OWNER:		OFFICE ADDRESS:		
TELEPHONE:	EMAIL ADDRESS:	CITY:	STATE:	ZIP:

<input type="checkbox"/> OWNER REPRESENTATIVE REGISTERING CONVEYANCE DEVICE				
NAME OF PERSON REGISTERING THE DEVICE:		OFFICE ADDRESS:		
TELEPHONE:	TITLE / POSITION:	CITY:	STATE:	ZIP:

<input type="checkbox"/> INSTALLING FIRM				
NAME OF INSTALLING FIRM:		FIRM ADDRESS:	OSFM LIC:	EXP DATE:
TELEPHONE:	EMAIL ADDRESS:	CITY:	STATE:	ZIP:
NAME OF MECHANIC INSTALLING THE DEVICE:		ADDRESS:	OSFM LIC:	EXP DATE:
TELEPHONE:	EMAIL ADDRESS:	CITY:	STATE:	ZIP:

NAME OF STRUCTURE WHERE CONVEYANCE DEVICE IS LOCATED:		ADDRESS OF STRUCTURE:	CITY:	
MANUFACTURER:	SERIAL NUMBER:	DATE INSTALLED (IF KNOWN):	RATED LOAD:	
TYPE OF CONVEYANCE DEVICE: <input type="checkbox"/> ELEVATOR <input type="checkbox"/> DUMBWAITER <input type="checkbox"/> PLATFORM HOIST <input type="checkbox"/> WHEELCHAIR LIFTS <input type="checkbox"/> POWER-DRIVEN STAIRWAY <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING WALK <input type="checkbox"/> OTHER:				

FOR ADDITIONAL DEVICES, USE CONTINUATION FORM

ACKNOWLEDGEMENT

The information entered on this form is true to the best of my knowledge and belief. I understand that any willful falsification of pertinent information required on this form or failure to properly register the conveyance device(s) may be considered a violation of R.S. 40:1664.1, et seq. and subject to administrative penalty by the Office of State Fire Marshal.

SIGNATURE OF DEVICE OWNER / REPRESENTATIVE OR INSTALLING MECHANIC

DATE

DIRECTIONS: Once completed, please mail to the address below or attach to an email to: marlene.aucoin@la.gov.

FOR OFFICE USE ONLY	
OSFM STRUCTURE NUMBER(S): _____	OSFM REGISTRATION NUMBER(S): _____
COMMENTS:	

CONVEYANCE DEVICE REGISTRATION FORM (CONTINUATION)

NAME OF STRUCTURE WHERE CONVEYANCE DEVICE IS LOCATED:		ADDRESS OF STRUCTURE:		CITY:	
MANUFACTURER:		SERIAL NUMBER:		DATE INSTALLED (IF KNOWN):	
RATED LOAD:					
TYPE OF CONVEYANCE DEVICE: <input type="checkbox"/> ELEVATOR <input type="checkbox"/> DUMBWAITER <input type="checkbox"/> PLATFORM HOIST <input type="checkbox"/> WHEELCHAIR LIFTS <input type="checkbox"/> POWER-DRIVEN STAIRWAY <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING WALK <input type="checkbox"/> OTHER:					

NAME OF STRUCTURE WHERE CONVEYANCE DEVICE IS LOCATED:		ADDRESS OF STRUCTURE:		CITY:	
MANUFACTURER:		SERIAL NUMBER:		DATE INSTALLED (IF KNOWN):	
RATED LOAD:					
TYPE OF CONVEYANCE DEVICE: <input type="checkbox"/> ELEVATOR <input type="checkbox"/> DUMBWAITER <input type="checkbox"/> PLATFORM HOIST <input type="checkbox"/> WHEELCHAIR LIFTS <input type="checkbox"/> POWER-DRIVEN STAIRWAY <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING WALK <input type="checkbox"/> OTHER:					

NAME OF STRUCTURE WHERE CONVEYANCE DEVICE IS LOCATED:		ADDRESS OF STRUCTURE:		CITY:	
MANUFACTURER:		SERIAL NUMBER:		DATE INSTALLED (IF KNOWN):	
RATED LOAD:					
TYPE OF CONVEYANCE DEVICE: <input type="checkbox"/> ELEVATOR <input type="checkbox"/> DUMBWAITER <input type="checkbox"/> PLATFORM HOIST <input type="checkbox"/> WHEELCHAIR LIFTS <input type="checkbox"/> POWER-DRIVEN STAIRWAY <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING WALK <input type="checkbox"/> OTHER:					

NAME OF STRUCTURE WHERE CONVEYANCE DEVICE IS LOCATED:		ADDRESS OF STRUCTURE:		CITY:	
MANUFACTURER:		SERIAL NUMBER:		DATE INSTALLED (IF KNOWN):	
RATED LOAD:					
TYPE OF CONVEYANCE DEVICE: <input type="checkbox"/> ELEVATOR <input type="checkbox"/> DUMBWAITER <input type="checkbox"/> PLATFORM HOIST <input type="checkbox"/> WHEELCHAIR LIFTS <input type="checkbox"/> POWER-DRIVEN STAIRWAY <input type="checkbox"/> ESCALATOR <input type="checkbox"/> MOVING WALK <input type="checkbox"/> OTHER:					

FOR ADDITIONAL DEVICES, COPY THIS FORM

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SIGNATURE OF DEVICE OWNER / REPRESENTATIVE OR INSTALLING MECHANIC

DATE

DIRECTIONS: Once completed, please mail to the address below or attach to an email to: marlene.aucoin@la.gov.

FOR OFFICE USE ONLY	
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COMMENTS:	