



VERMONT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE SAFETY
 Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team
Conveyance Equipment Registration Form

Return this completed form to the appropriate Regional Office

Department Use Only	
Site#	_____
VTEL#	_____
Date	_____

Waterbury Regional Office
 45 State Drive
 Waterbury, VT 05671-8200
 Phone: (802) 479-4434
 Fax: (802) 479-4446

Rutland Regional Office
 56 Howe Street, Building A, Ste 200
 Rutland, VT 05701
 Phone: (802) 786-5867
 Fax: (802) 786-5872

Springfield Regional Office
 100 Mineral Street, Suite 307
 Springfield, VT 05156-3168
 Phone: (802) 216-0500
 Fax: (802) 885-8885

Williston Regional Office
 380Hurricane Lane, Suite 101
 Williston, VT 05495
 Phone: (802) 879-2300
 Fax: (802) 879-2312

Please complete this form for each elevator, escalator, platform lift, power-driven stairway and stairway chairlift at your location.

Building Name: _____

Physical Location (911 Address): _____

Conveyance Location in Building: _____

State Building Site Number (If Known): _____

Owner's Name : _____

Owner's Address: _____

Date of Installation: _____

Installation Company: _____

Manufacturer: _____

Conveyance Type: Elevator Escalator Platform Lift
 Power-Driven Stairway Stairway Chairlift

Conveyance Method of Operation: Traction Hydraulic Other (specify):

Elevator Use: Freight Passenger Other (specify):

Rated Load: _____ Pounds **Speed:** _____ Feet per Minute