



Conveyance Permit Application

Ensure plans are uploaded into the Plan Review System within 10 working of submitting application to avoid denial of the application.

Permit valid for one (1) year from date of issuance. Each new conveyance requires a separate permit application. For A18.1 equipment, use the A18.1 Application. Please make payment payable to: Department of Labor & Industries.

| | | | |
|--|---|--|--|
| Conveyance Number | Permit Number | Building Designation (e.g. #1, A6, #3, etc.) | Car Number (e.g. 1 of 1; 2 of 3, etc.) |
| Application Type (*Conveyance Number Required) <input type="checkbox"/> New <input type="checkbox"/> Renewal* <input type="checkbox"/> Revised* | | Date of Submittal/Revision | |
| Contractor Information | | | |
| Installation Company | Contractor License Number | License Expiration Date | |
| Mailing Address | City | State | Zip Code +4 |
| Company Representative | Company Representative Email | Telephone Number | |
| Owner Information | | | |
| Owner Name | Contact Name | Contact Phone Number | Contact Email |
| Mailing Address | City | State | Zip Code +4 |
| Site Location | | | |
| Building or Residence Name | Existing Building <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Building Address | City | State WA | Zip Code +4 |
| Commercial Conveyance | | | |
| <input type="checkbox"/> Passenger | <input type="checkbox"/> Freight | <input type="checkbox"/> LU/LA | <input type="checkbox"/> Inclined Elevator |
| <input type="checkbox"/> Dumbwaiter | <input type="checkbox"/> Type A or B Material Lift | <input type="checkbox"/> Casket Lift | <input type="checkbox"/> Special Purpose |
| <input type="checkbox"/> Escalator | <input type="checkbox"/> Moving Walk | <input type="checkbox"/> Belt Manlift | <input type="checkbox"/> Sidewalk Elevator |
| <input type="checkbox"/> Marine Elevator | <input type="checkbox"/> Boat Launch Elevator | <input type="checkbox"/> Special Appl. Mat'l Lift | <input type="checkbox"/> Other: |
| Private Residential Conveyance | | | |
| <input type="checkbox"/> Vertical Elevator | <input type="checkbox"/> Inclined Elevator | <input type="checkbox"/> Dumbwaiter | <input type="checkbox"/> Other: |
| Machine Type | | | |
| <input type="checkbox"/> Geared Traction | <input type="checkbox"/> Direct-acting Hydraulic | <input type="checkbox"/> Lever Hydraulic | <input type="checkbox"/> Friction |
| <input type="checkbox"/> Gearless Traction | <input type="checkbox"/> Roped Hydraulic | <input type="checkbox"/> Screw Drive | <input type="checkbox"/> Scissor |
| <input type="checkbox"/> Winding Drum | <input type="checkbox"/> Holeless Hydraulic | <input type="checkbox"/> Hand Powered | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Rack & Pinion | <input type="checkbox"/> Chain Hydraulic | <input type="checkbox"/> Pneumatic | |
| MRL: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Motion Control | | | |
| <input type="checkbox"/> VVVF | <input type="checkbox"/> 1 or 2 Speed AC | <input type="checkbox"/> Hydraulic | <input type="checkbox"/> Pneumatic |
| Conveyance Information | | | |
| Manufacturer | Model Number/Name | Controller Mfg. | Controller Model # |
| Rated Capacity (lbs.) | Rated Speed (fpm) | Rise (ft.) | Net Inside Dimensions (in.) width x depth |
| Number of Landings | # Front Openings | # Rear Openings | Door Operation <input type="checkbox"/> Power <input type="checkbox"/> Manual |
| | | Group Operations <input type="checkbox"/> Simplex <input type="checkbox"/> Duplex <input type="checkbox"/> Group Qty. in Group: | |
| Escalators & Moving Walks Data | | | |
| Rated Speed (fpm) | Variable Speed | Capacity (pass./hr.) | Vertical Rise (ft.) |
| | | Width (in.) | |
| Application Fees | | For L&I Use Only | |
| Contract Value | Plan Checking Fee | Permit Issue Date | Slip Print Here |
| Permit Fee | Total Fee | Issued By | |