

Department of Labor and Industries
 Elevator Section
 PO Box 44480
 Olympia WA 98504-4480
 360-902-6130



Elevator Information Update

Email: ElevatorSect@Lni.wa.gov
www.Lni.wa.gov/Elevator

- List one location per form.
- All fields are required. Incomplete information will delay your account being updated.
- Scan and email completed forms to: ElevatorSect@Lni.wa.gov.

Location Information

Conveyance Number	Mail all correspondence to (check <i>only one</i>) <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Location		
Current Building Name			
Physical Address of the Building			
City	State	Zip Code	
Building Contact Name		Building Contact Phone Number	
Building Contact Email Address			

Legal Owner — Required

Legal Owner Name (Actual Owner — Not Property Manager)			
Legal Owner Address			
City	State	Zip Code	
Current Owner Contact Name		Current Owner Contact Phone Number	
Current Owner Contact Email Address		If Building has Been Sold, Bill of Sale Date	

Agent/Property Manager — *If Applicable*

Property Manager/Tenant Name			
Property Manager/Tenant Address			
City	State	Zip Code	
Property Manager/Tenant Contact Name		Property Manager/Tenant Contact Phone Number	
Property Manager/Tenant Contact Email Address			

Person Request Change

By signing this document, you are acknowledging that as the owner or duly appointed agent, you are responsible for all fees, fines, and penalties until the Department is notified of any owner or agent change.

 Print Name

 Signature

 Date