

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



Elevator Information Update

Form must be completed and sent in when
Contact and/or information changes. Email
Completed forms to: ElevatorSect@Lni.wa.gov

- List one location per form.
- Contact requests in each section must be an actual person's name and information.
- All fields are required. Incomplete information will delay your account being updated.

Conveyance Location Information

Conveyance Number(s)	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 Information — Required UBI # Required: _____ (COA/HOA — Please put President, Secretary, or Treasurer's info here)

Legal Owner Name (Actual Owner — Not Property Manager)		
Legal Company 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	

Management Company Information — If Applicable UBI # - Required _____

Management Company Name		
Management Company Address		
City	State	Zip Code
Management Company Account Holder Name	Management Company Account Holder Phone Number	
Management Company Account Holder 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