

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



Request for Duplicate Elevator Certificate

www.Lni.wa.gov/Elevator

Duplication License Fee: See [WAC 296-96-01065](#)

Mail this form to the above address with a check or money order payable to:
Department of Labor and Industries.

Please issue a duplicate of my Elevator Certificate for conveyance number: _____

Complete the information requested below.

Owner Name	UBI Number
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Owner Mailing Address (Previous)		
City	State	Zip Code

Owner Mailing Address (New)		
City	State	Zip Code

Phone Number	Fax Number	Email Address
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Printed Name of Person Requesting Duplicate
Certificate

Signature Name of Person Requesting Duplicate
Certificate

Date