



# ASME A18.1 Equipment Permit Application

Ensure plans are uploaded into the Plan Review System within 10 working days 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.

Application Type (*Conveyance Number Required) <input type="checkbox"/> New <input type="checkbox"/> Renewal* <input type="checkbox"/> Revised*			Date of Submittal/Revision	
Conveyance Number	Permit Number	Building Designation (e.g. #1, A6, #3, etc.)	Car Number (e.g. 1 of 1; 2 of 3, etc.)	

### 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 Name	Building Address	City	State	Zip Code +4
WA				

### Commercial Conveyance

<input type="checkbox"/> Vertical Platform Lift (Part 2)	<input type="checkbox"/> Inclined Platform Lift (Part 3)	<input type="checkbox"/> Inclined Stair Chairlift (Part 4)
--	--	--

### Private Residential Conveyance

<input type="checkbox"/> Vertical Platform Lift (Part 5)	<input type="checkbox"/> Inclined Platform Lift (Part 6)	<input type="checkbox"/> Inclined Stair Chairlift (Part 7)
--	--	--

### Equipment Details

<input type="checkbox"/> Full Height Runway Enclosure (2.1.1)	Clear Travel Overhead (in):	<input type="checkbox"/> Battery Powered
<input type="checkbox"/> Partial Runway Enclosure (2.1.2)	Boarding Level Overhead (in):	<input type="checkbox"/> 120-vac Powered
<input type="checkbox"/> No Runway Enclosure (2.1.3)	Indicate Slope Ramp: <input type="checkbox"/> NA in.	<input type="checkbox"/> Indoor Installation
<input type="checkbox"/> Courtroom Lift (2.1.4)	Attendant Operations: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Outdoor Installation
<input type="checkbox"/> Reserved	Mean Angle of Incline:	Mean Angle of Incline:

### Machine Type/Motion Control

<input type="checkbox"/> Traction	<input type="checkbox"/> Direct-Plunger Hydraulic	<input type="checkbox"/> Rack & Pinion
<input type="checkbox"/> Winding Drum	<input type="checkbox"/> Roped Hydraulic	<input type="checkbox"/> Chain Sprocket
<input type="checkbox"/> Roped Sprocket	<input type="checkbox"/> Screw Drive	<input type="checkbox"/> Other:

Manufacturer	Model Number	Vertical Rise (ft.)	Total Travel (ft.)	NRTL <sup>1</sup> & Listing # (e.g. UL, CSA, etc.)
Rated Capacity (lbs.)	Rated Speed (fpm)	# of Landings	Platform Dimensions ft <sup>2</sup>	

<b>Application Fees</b>	<b>For L&amp;I Use Only</b>
-------------------------	-----------------------------

Contract Value	Plan Checking Fee	Permit Issue Date	Slip Print Here
Permit Fee	Total Fee	Issued By	

<sup>1</sup> NRTL = Nationally Recognized Testing Laboratory