



DEPARTMENT OF ADMINISTRATIVE SERVICES

OSBI – Bureau of Elevators 450 Columbus Blvd – Suite 1303 Hartford CT 06103
Office (860) 713-5808 Right Fax (959) 200-4890
Email: CT.Elevators@CT.Gov

Change of Owner/NEW Address - Please PRINT Information CLEARLY

Please Note: Your form will not be processed if any information is missing

Date: _____

Elevator Information:

Location Name: _____

Elevator No./Reg # (format is ###-####): _____ - _____

Elevator Address: _____

City: _____ State: _____ Zip Code: _____

New Owner/Registrant Information (ALL information below is REQUIRED):

Owner/Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. () _____ - _____ Cell Phone No. () _____ - _____

Fax No. () _____ - _____

Email Address: _____

Federal Tax ID Number: _____

***Person Requesting Change (REQUIRED Print):** _____

***Signature** _____ **Title** _____

*****Please include your EMAIL address with your request, Thank you.*****