

Department of Labor and Industries  
 Elevator Section  
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# Elevator Information Update

- **List one location per form.**
- **All** fields required. Incomplete information will delay your account being updated.
- Please scan and email to the above address.

## Location information

Conveyance Number		Mail <b>all</b> correspondence to ( <i>check only one</i> ) <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Location	
Current Building Name			
Physical Address of the Building			
Building Contact Name		Building Contact Phone Number	
Building Contact Email			
Legal Owner (Actual owner – not Property Manager)			
Legal Owner Address		City, State, Zip+4	
If building has been sold, Bill of Sale Date	Current Owner Contact Name	Owner Contact Number	Owner Email
Current Owner's Agent/Property Manager/Tenant ( <i>if applicable</i> )			
Building Name Managed	In Care Of (Agent)	Contact Address	
Contact Name		Contact Phone	Contact Email
Legal Owner UBI		Contact UBI	

## Person Requesting Change

Date*	Print Name*	Signature*
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*\*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 we are notified of any owner or agent change.*