Annexure-1

(see rule-3)

Application to install new lift or escalator/for making additions or alternations to the installed lift or escalator

(To be submitted to the local Assistant Director,Electrical Safety)

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| **1.** | **Details of the owner** |  | |
| a) | Names |  | |
| b) | Local address |  | |
| c) | Permanent address |  | |
| d) | Mobile number |  | |
| e) | Mail-id |  | |
| **2.** | **Details of the authorizes agent of the owner** |  | |
| a) | Name |  | |
| b) | Local address |  | |
| c) | Permanent address |  | |
| d) | Mobile number |  | |
| e) | Mail-id |  | |
| **3**. | Whether it is registration of a new lift or escalator |  | |
| **4.** | The address of the premise where lift or escalator is to be commissioned |  | |
| **5.** | Whether it is a **“Private premise” or “Public premise”** |  | |
| **6.** | Whether it is a case of the lift or escalator being **modified or altered** |  | |
| a) | Registration number of existing lift or Escalator |  | |
| b) | The address of the premise where it is commissioned |  | |
| **7.** | In case the Lift or Escalator **being Shifted** |  | |
| a) | Registration number of existing lift or Escalator |  | |
| b) | The address of the premise where it was commissioned earlier |  | |
| c) | The address of the new premise where it is to be commissioned |  | |
| **8.** | Whether building map has been approved by competent authority |  | |
| **9.** | If yes name of approving authority approval number and date |  | |
| **10.** | Type and make of lift or escalator |  | |
| a) | Details of the manufacturer of the lift or escalator |  | |
| b) | Name |  | |
| c) | Address |  | |
| d) | Registration number of the manufacturer |  | |
| e) | Name, contact details, and address of local authorized representative of the manufacturer |  | |
| **11.** | Details of the commissioning/ modifying /altering /shifting agency | | |
| a) | Name | |  |
| b) | address | |  |
| c) | registration number of the commissioning /modifying/altering/shifting agency | |  |
| d) | Name, contact details and address of  local authorized representative of the commissioning /modifying/altering shifting agency | |  |
| **12.** | Proposed date of commencement of  commissioning | |  |
| **13.** | Proposed date of completion of the commissioning | |  |
| **14.** | Details of annexures | |  |
| a) | Approved building plan | |  |
| b) | Drawing details of the lift or escalator | |  |
| c) | Affidavit of the manufacturer that the lift or escalator is BIS complaint and is as per norms of National and/or state Building codes | |  |
| d) | Technical details of the lift or escalator as provided by the manufacturer | |  |
| e) | Safety features of the lift or escalator as provided by the manufacturer | |  |
| **15.** | Separate declarations on notarized affidavit by the three undersignees that the information provided with respect to them as above is true to their knowledge and nothing has been  concealed. | |  |

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| --- | --- | --- |
|  |  |  |
| **Signature of the Authorizes representative of manufacturer with date** | **signature of the authorizes representative of commissioning/modifying/ altering/shifting agency with date** | **signature of owner or his authorized agent with date** |