



Office of the State Fire Marshal  
Elevator Safety Division  
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Topeka, KS 66612  
(785) 296-3401 Fax: (785) 296-0151  
[KSFM\\_Elevators@ks.gov](mailto:KSFM_Elevators@ks.gov)

## Elevator Registration

### Unit Registration Notice

The Kansas Elevator Safety Act requires that all elevators and conveyances subject to the provisions of the Act be registered with Office of the State Fire Marshal. Elevator means any device for lifting people or moving people, cargo, or freight within, or adjacent and connected to a structure or excavation, and includes any escalator, power driven stairway, moving walkway or stairway chair lift. The term elevator does not include any amusement device, mining, equipment subject to regulation, boiler grate stoker, aircraft, railroad car, boat, barge, ship, truck, or other self-propelled vehicle or component thereof, dumbwaiter, conveyor chair or bucket hoist, construction hoist or similar devices used for the primary purpose of elevating or lowering materials.

Select Type of Unit:      Elevator      Escalator      Power-Driven Stairway      Moving Walkway      Platform Lift      Stairway Chair Lift

### Select One:

Unit Installation PRIOR to July 1, 2022, must be registered immediately.

Unit Installation AFTER July 1, 2022 and BEFORE January 1, 2023, must be registered within six (6) months of installation.

Unit Installation AFTER January 1, 2023, must be registered BEFORE it is operational.

Unit Location (Building Name):

County:

Location (Address):

City:

State:

Zip:

Property Owner

Name:

Phone Number:

Address:

City:

State:

Zip:

Email Address:

Owner's Agent  
Name (if any):

Unit Operator  
Name (if any):

Billing Address:

Billing Address:

City:

State:

Zip:

City:

State:

Zip:

Phone Number:

Phone Number:

Email:

Email:

Number of Units:

Installation Date:

Manufactured By:

Capacity:

LBS

Rated Speed:

FPM

Number of Landings:

Manufacturer's Serial Number:

Passenger

Freight

Number of Floors Served:

**Email completed form to:**

[KSFM\\_Elevators@ks.gov](mailto:KSFM_Elevators@ks.gov)

If more space is needed attach additional pages to application.

Owner/Owner's Agent Signature:

Date: