



**Illinois Office of the State Fire Marshal
 Division of Elevator Safety
 James R. Thompson Center
 100 West Randolph Street, Suite 4-600
 Chicago, IL 60601
 Phone: 312-814-3435**



APPLICATION FOR CERTIFICATE OF OPERATION - TRIENNIAL

This application form is strictly for the certificate of operation for each conveyance located at a church, synagogue or other building, structure, or place used primarily for religious worship, that is limited to 2 levels, and is the only conveyance in the building (225 ilcs 312195 (c)). The **Owner** must complete this *application* for new and existing conveyance(s). The state will issue a Certificate of Operation **only** for conveyance(s) located in a municipality that has **not** signed an Elevator Safety Program Agreement with the state. Please check with your municipality before submitting this application.

All *application* forms must be submitted to the Office of the State Fire Marshal, Elevator Safety Division, James R. Thompson Center, 100 West Randolph Street, Suite 4-600, Chicago, Illinois 60601 via US mail. **Fax copies will no longer be accepted.** The Office will **INVOICE** you for the initial certification fee of \$100.00 or the annual renewal fee of \$75.00. Any application for renewal of Certificate of Operation that has expired will be subject to an additional Late Fee of \$50.00. **(PLEASE DO NOT SEND MONEY WITH THIS APPLICATION).** **A copy of a final inspection report indicating the conveyance has PASSED inspection must also be submitted with each application.** The Elevator Safety Division will process the *application(s)* in the order that they are received, and shall issue a certificate of operation for each conveyance upon payment of the invoice. This certificate must be displayed in the conveyance and must be renewed on a triennial basis based on a triennial conveyance inspection.

NOTE: Your conveyance MUST be registered with the State of Illinois prior to requesting a Certificate of Operation.

THIS SECTION FOR OFFICIAL USE ONLY	
Illinois Certificate of Operation	Date Entered

1. Building Location :

Name of Building:	County:
Building Address (include City/State/Zip Code):	
Nature of Business:	
Conveyance Registration No.:	

2. Building Owner:

Name of Building Owner:	
Owner's Address (include City/State/Zip Code):	
Phone No. of Owner:	Fax No. of Owner:
Email Address:	FEIN or SS# of Owner:

3. Billing Information (If different than Owner Information):

Name on Invoice:	Telephone Number:
Address (include City/State/Zip Code):	
Email Address (an electronic copy of the invoice will be sent to this address and you will be able to pay online):	

4. Signature (Contact Person for this conveyance – All mail will be sent to this person with the exception of invoices):

I certify under penalty of perjury that the information on this application is true and complete to the best of my knowledge.

Signature _____ Date: _____

Print Name (and Title) _____

Name of Company _____

Address _____

Contact Phone Number _____ Contact Fax Number _____

Contact Email: _____

Revised 08/21/2017

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity-Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security Number (SSN). This statement of purpose is being provided to you because you have been asked by the OSFM to provide your SSN or because you requested a copy of this statement. You are being asked for your SSN for one or more of the following reasons: Internal verification and/or potential collection of fees, penalties or fines. We will only use your SSN for the purpose for which it was collected. We will not: Sell, lease, loan, trade, or rent your SSN to a third party for any purpose; Publicly post or display your SSN; Print your SSN on any card required for you to access our services; Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or Print your SSN on any materials that are mailed to you, unless state or federal law requires that number to be on documents mailed to you, or unless we are confirming the accuracy of your SSN.