



GOVERNMENT OF BERMUDA
Ministry of the Environment, Planning and Infrastructure Strategy

Department of Planning

**Registration of Elevators for change of Building Owner/
Management / Building Name**

Planning Dept. Number(s) _____

Building name _____

New Building name _____

Address _____

Applicant

Name of Applicant _____

Address _____

E-mail _____

Tel #(s) _____ fax _____

I (name) _____ of (company name) _____
hereby submit this registration of Elevators for change of building owner/ Management. All matters pertaining to the above listed elevators shall be sent to the above mentioned person at the listed address. I understand that it is my responsibility to call for annual inspections and that it is an offence to operate the above list elevators without a current licence from the operation for the Department of Planning.

Signature _____ Date _____