# CONVEYANCE DEVICE REGISTRATION FORM

**NOTE:** North Dakota Century Code 43-09-28 requires that beginning January 1, 2026, owners of conveyance devices installed prior to August 1, 2026, must register the devices with the North Dakota State Electrical Board. This law also requires owners of new conveyance devices on or after August 1, 2026, to register the devices with the North Dakota State Electrical Board within thirty (30) days after the conveyance has been inspected and approved.

## ☐ OWNER OF CONVEYANCE DEVICE

| NAME OF OWNER: | | OFFICE ADDRESS: | | |
|---|---|---|---|---|
| TELEPHONE: | EMAIL ADDRESS: | CITY: | STATE: | ZIP: |

## ☐ OWNER REPRESENTATIVE REGISTERING CONVEYANCE DEVICE

| NAME OF PERSON REGISTERING THE DEVICE: | | OFFICE ADDRESS: | | |
|---|---|---|---|---|
| TELEPHONE: | TITLE / POSITION: | CITY: | STATE: | ZIP: |

## ☐ INSTALLING FIRM

| NAME OF INSTALLING CONTRACTOR: | | CONTRACTOR ADDRESS: | ND LIC: | EXP DATE: |
|---|---|---|---|---|
| TELEPHONE: | EMAIL ADDRESS: | CITY: | STATE: | ZIP: |
| NAME OF MECHANIC INSTALLING THE DEVICE: | | ADDRESS: | ND LIC: | EXP DATE: |
| TELEPHONE: | EMAIL ADDRESS: | CITY: | STATE: | ZIP: |

| NAME OF BUILDING WHERE CONVEYANCE IS LOCATED: | | ADDRESS OF BUILDING: | CITY: | |
|---|---|---|---|---|
| SERIAL NUMBER: | DATE INSTALLED (IF KNOWN): | | LIFT METHOD: | SPEED: |
| MANUFACTURER: | MRL (Y) N: | NUMBER OF FLOORS: | ELEVATOR USE: | RATED LOAD: |

**TYPE OF CONVEYANCE DEVICE:**

☐ PASSENGER ELEVATOR ☐ FREIGHT ELEVATOR ☐ DUMBWAITER ☐ WHEELCHAIR LIFTS

☐ POWER-DRIVEN STAIRWAY ☐ ESCALATOR ☐ MOVING WALK ☐ OTHER:

## ACKNOWLEDGEMENT

The information entered on this form is true to the best of my knowledge and belief. I understand that any willful falsification of pertinent information required on this form or failure to properly register the conveyance device(s) may be considered a violation of NDCC 43-09-28 and subject to administrative penalty by the NORTH DAKOTA STATE ELECTRICAL BOARD.

SIGNATURE OF DEVICE OWNER / REPRESENTATIVE OR INSTALLING CONTRACTOR _____ DATE _____

**DIRECTIONS:** Once completed, please mail to North Dakota State Electrical Board 1929 N Washington St Bismarck, ND 58507-7335 or attach to an email to: electric@nd.gov.

**FOR OFF CE USE ONLY**

APROVAL DATE: _____ ELEVATOR ID NUMBER: _____

COMMENTS:

# CONVEYANCE DEVICE REGISTRATION FORM

## (CONTINUATION)

| NAME OF BUILDING WHERE CONVEYANCE IS LOCATED: | ADDRESS OF BUILDING: | CITY: |
|---|---|---|
| | | |

| SERIAL NUMBER: | DATE INSTALLED (IF KNOWN): | LIFT METHOD: | SPEED: |
|---|---|---|---|
| | | | |

| MANUFACTURER: | MRL (Y) (NO) | NMBER OF FLOORS: | ELEVATOR USE: | RATED LOAD: |
|---|---|---|---|---|
| | | | | |

**TYPE OF CONVEYANCE DEVICE:**

☐ PASSENGER ELEVATOR ☐ FREIGHT ELEVATOR ☐ DUMBWAITER ☐ WHEELCHAIR LIFTS

☐ POWER-DRIVEN STAIRWAY ☐ ESCALATOR ☐ MOVING WALK ☐ OTHER:

| NAME OF BUILDING WHERE CONVEYANCE IS LOCATED: | ADDRESS OF BUILDING: | CITY: |
|---|---|---|
| | | |

| SERIAL NUMBER: | DATE INSTALLED (IF KNOWN): | LIFT METHOD: | SPEED: |
|---|---|---|---|
| | | | |

| MANUFACTURER: | MRL (Y) (N): | NUMBER OF FLOORS: | ELEVATOR USE: | RATED LOAD: |
|---|---|---|---|---|
| | | | | |

**TYPE OF CONVEYANCE DEVICE:**

☐ PASSENGER ELEVATOR ☐ FREIGHT ELEVATOR ☐ DUMBWAITER ☐ WHEELCHAIR LIFTS

☐ POWER-DRIVEN STAIRWAY ☐ ESCALATOR ☐ MOVING WALK ☐ OTHER:

| NAME OF BUILDING WHERE CONVEYANCE IS LOCATED: | ADDRESS OF BUILDING: | CITY: |
|---|---|---|
| | | |

| SERIAL NUMBER: | DATE INSTALLED (IF KNOWN) | ELEVATOR USE: | SPEED: |
|---|---|---|---|
| | | | |

| MANUFACTURER: | MRL (Y) (NO): | NUMBER OF FLOORS | DATE INSTALLED (IF KNOWN): | RATED LOAD: |
|---|---|---|---|---|
| | | | | |

**TYPE OF CONVEYANCE DEVICE:**

☐ PASSENGER ELEVATOR ☐ FREIGHTELEVATOR ☐ MOVING WALK ☐ WHEELCHAIR LIFTS

☐ POWER-DRIVEN STAIRWAY ☐ ESCALATOR ☐ ☐ OTHER:

**FOR ADDITIONAL DEVICES, COPY THIS FORM**

## ACKNOWLEDGEMENT

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**SIGNATURE OF DEVICE OWNER / REPRESENTATIVE OR INSTALLING CONTRACTOR** **DATE**

**DIRECTIONS:** Once completed, please mail to North Dakota State Electrical Board 1929 N Washington St Bismarck, ND 58507-7335 or attach to an email to: electric@nd.gov.

**FOR O FICE USE ONLY**

APPROVAL DATE: _____ ELEVATOR ID NUMBERS: _____

COMMENTS: