



ELEVATOR INFORMATION CHANGE FORM

State ID Number(s): _____
(Include each ID# _____
to be changed) _____

Currently shown as: Owner _____
Address _____
City/State/Zip _____

Occupant/Bldg. Name _____
Address _____
City/State/Zip _____

Change to: Owner _____
Address _____
City/State/Zip _____

Occupant/Bldg. Name _____
Address _____
City/State/Zip _____

Billing Agent _____
Address _____
City/State/Zip _____

Authorized/Federal ID#: _____ Date Change Requested: _____
(Required)

Signature: _____ (Required)

Print Name: _____ (Required)

Title: _____ (Required)

Phone: _____ (Required)

Remit to:

**North Carolina Department of Labor
Elevator & Amusement Device Bureau
1101 Mail Service Center
Raleigh, NC 27699-1101**

OR

Fax to: 919-807-2777

OR

**Complete and submit this form online via our website at
<http://www.nclabor.com/elevator/elevator.htm>**