JOE LOMBARDO Governor



DR. KRISTOPHER SANCHEZ

Director

VICTORIA CARREÓN

Administrator

SHERRY BIXLER
Chief Administrative Officer

DIVISION OF INDUSTRIAL RELATIONS

MECHANICAL COMPLIANCE SECTION

APPLICATION FOR PERMIT TO INSTALL, REINSTALL OR ALTER AN ELEVATOR OR RELATED EQUPMENT PERMIT APPLICATION WITH ALL REQUIRED PROVISIONS MUST BE EMAILED TO: mcs@dir.nv.gov

	CTOR MUST RECEIVE A PERMIT PRIOR TO IN: N ELEVATOR OR RELATED EQUIPMENT IN TH	
 Provide with this application copies ☐ Submittal Drawing in a digital formula Machine Room, Hoistway, Pit, and 	meet the standards of the State of Nevada. of the following: format that allows location of the equipment	-
The first operating permit will be invoiced s	separately upon acceptance of the installation	on.
	AND ON PAGE 2 OF THIS APPLICAT	ION MUST BE COMPLETED
Owner Name:		Phone:
Mailing Address: (Street, City, State, Zip)		
Location Name:		Phone:
Installation Site:		Start Date:
Are subcontractors to be utilized on this p Scope of Work: (□ (Check here if there i		
Anticipated Completion Window: (Quantity of Objects & Date)	First Object(s):	Last Object(s):

Reno: 4600 Kietzke Ln, Suite F-151, Reno, NV 89502 - Telephone (775) 688-3750

Las Vegas: 2300 W. Sahara Avenue, Suite 300 Las Vegas, Nevada 89102 - Telephone (702) 486-9054

State ID: Ob * S NV Type:	Object Description: * Select from List Below		Manufacturer Name:	Serial Number:	Elevator Size:			
	Туре:	Use:	Drive:	- TVance		No. of Landings	No. of Stops	Capacity (lbs)

SELECT ONE OF EACH TYPE, USE & DRIVE FOR EACH OBJECT AND ENTER IN SPACE PROVIDED ABOVE			
TYPE:			
A. Elevator	I. Manlift	Q. Special Purpose Personnel Hoist	
B. LULA	J. Personnel Hoist	R. Pneumatic Vacuum Elevator	
C. Vertical Platform Lifts	K. Residential	S. Machine Room-Less (MRL)	
D. Incline Stairway Chair Lift	L. Inclined Elevator	X. Vertical Reciprocating Conveyor	
E. Sidewalk Elevator	M. Inclined Platform Lift	Y. Other (Please Describe)	
F. Spiral Escalator	N. Rooftop Elevator		
G. Escalator	O. Dumbwaiter		
H. Moving Walk	P. Wind Turbine Tower		
-			

USE:			
A. Passenger	C. Passenger/Freight (Service)	E. Physically Disabled	
B. Freight	D. Construction/Demolition	F. Occupant Evacuation Operation	
		· · · · · · · · · · · · · · · · · · ·	

DRIVE:			
A. Hydraulic	F. Screw Column	K. Water Drive	
B. Overhead Traction	G. Pneumatic Vacuum	L. Cable	
C. Bottom Traction	H. Traction Side Winder	M. Chain	
D. Roped Hydraulic	I. Winding Drum (Top or Bottom)	X. Other (Please Describe)	
E. Rack & Pinion	J. Belt Drive		

Installer:	NV Contractor License:	
Subcontractors (if any):	NV Contractor License:	
Installer Mailing Address: (Street, City, State, Zip)		
Name of Person Submitting Application:	Title:	Date:
Phone:	Email:	

Page 2 of 2 Rev (01/01/2025)