**Use this form to register a new unit, and/or to request an inspection on a new or existing unit.**

**NEW INSTALLATION**  **90 DAY INSPECTION**

**Owner Identification**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** | | | |
| **Owner/Representative Name:** | | | |
| **Street Address:** | | | |
| **City:** | | **State:** | **Zip Code:** |
| **Telephone Number:** | **Cell Number:** | | |
| **Signature of Owner/Representative:** | | | |

**Workman’s Hoist Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Manufacturer:** | **Capacity:** | | **Speed/fpm:** |
| **Serial Number:** | | **WH Registration Number:** | |

|  |  |
| --- | --- |
| **Inspection Request Date:** | **Time:** |

**Location Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Site Name:** | | | | |
| **Site Address:** | | | | |
| **County:** | **City:** | | | **Zip Code:** |
| **Arrival Date:** | | **Departing Date:** | | |
| **Contact On-Site (Sponsor):** | | | **Phone Number:** | |