



**REGULATORY AFFAIRS DIRECTORATE
MALTA STANDARDS AUTHORITY**

REGISTRATION FORM FOR 'EXISTING' LIFTS

CIG109

CONFIDENTIAL

Complete in typeface or block letters.

Please tick (✓) the appropriate boxes in the sections below where applicable

<p>AUTHORITY USE ONLY</p> <p>Date received</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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For Office Use only

This form is applicable as from 1st October 2009 for registration of lifts first made available to users before 1st July 2002, as per the Inspection of Lifts Regulations, LN 231 of 2007. This form is to be filled-in by the responsible person as defined in the same regulations.

Please read carefully the notices on page 2.

Date of application (DD/MM/YYYY):

Full name of the Responsible Person:

Address of the Responsible Person:

Telephone/Mobile number:

Email:

Building name of Lift Location *(include block/entrance number where applicable)*:

Address of the Lift Location:

Please indicate if the lift is installed in a:

- workplace
 condominium
 domestic residence

If lift is utilised in a workplace, indicate Company registration number:
(If applicable)

Please indicate the lift type:

- Conventional Rope Traction Lift
 Machine Roomless Rope Traction Lift
 Hydraulic lift
 Machine Roomless Hydraulic Lift
 Lift intended for persons who have difficulty climbing stairs
 Other _____

Use classification: <input type="checkbox"/> Passenger Lift <input type="checkbox"/> Goods+Personnel Lift <input type="checkbox"/> Bed+Passenger Lift <input type="checkbox"/> Motor Vehicle+Passenger Lift <input type="checkbox"/> Other _____	
Serial number:	
Lift Manufacturer:	
Lift Installer:	
Date of first making available to users: <i>(If first made available in 2002, specify day and month. For all other years, indication of year only is sufficient)</i>	
Maximum lift capacity:	
Please indicate the lift speed range: <input type="checkbox"/> between 0.15m/s to 1m/s <input type="checkbox"/> between 1m/s to 6.5m/s <input type="checkbox"/> above 6.5m/s	
No. of stops: No. of openings:	
Does lift allow access for persons with disability? <i>(Car internal size not less than the minimum recommendations of the National Commission Persons with Disability, KNPD)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
IMPORTANT NOTICES	
<p>The obligation for registration arises from the Inspection of Lifts Regulations, 2007, L.N. 231 of 2007. Please ensure that you use the <u>latest version</u> of the registration form, available from MSA as per regulation 5.3 of L.N. 231 of 2007. Older versions will not be accepted.</p> <p>For explanations of who should fill-in and sign this registration form, please refer to the <u>definition of "responsible person"</u> in regulation 3 of L.N. 231 of 2007.</p> <p><u>Illegible or improperly filled-in registrations</u> will not be accepted. Incomplete forms will only be accepted if lack of data is due to justified or unforeseen circumstances and as long as the data submitted is sufficient to fulfil the objectives of L.N. 231 of 2007, as duly determined by MSA.</p> <p>Registration certificates are the property of MSA. Whenever a <u>request for change of registration data</u> is submitted by the responsible person, whenever registration conditions are violated, or whenever certification is cancelled by either party, the original certificate must be returned to MSA.</p> <p>An <u>administrative fee of €10</u> is applicable for every registration form submitted as from 1st January 2010 onwards. Payment has to be effected during submission of, or together with, the registration form.</p> <p>Registration certificates are to be <u>collected by hand</u> by the responsible person from MSA offices. Responsible persons will be informed via email or telephone that the certificate has been issued.</p>	

DECLARATION

I/We, (please print full name/s) _____

hereby declare that the information provided in this registration form is accurate to the best of my/our knowledge.

Signature(s):

Date:

Company Name *(if applicable)*:

For further information please contact MSA on 2395 2000 or visit MSA's website at www.msa.org.mt/rad/lifts/index.htm. Blank registration forms can be downloaded from the website.

This document shall not affect liability, obligations, responsibility and rights of any party arising out of legislation currently in force.

All personal information about the submitting entity in this form will be held by MSA in accordance with the Data Protection Act, 2001.

PLEASE POST THE COMPLETED FORM TO:

**Head – Regulatory Affairs Directorate,
Malta Standards Authority, Second Floor, Evans Building,
Merchants Street,
Valletta, VLT 1179**

OR VIA EMAIL TO:

helpdesk.msa@msa.org.mt

For office use only:

Lift Registration Form Status

Processing Date:

Form Accepted

Form Incomplete

Lift Registration Number: _____

Date when certificate is issued: