

# WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200 - Charleston, WV 25305



## TRANSFER OF LIFTING OR LOWERING DEVICE OWNERSHIP

EV NUMBER: \_\_\_\_\_

SITE ADDRESS OF DEVICES(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NUMBER OF DEVICE(S) AT THIS LOCATION: \_\_\_\_\_

SERIAL NUMBER(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OWNER: \_\_\_\_\_

TRANSFERRED TO: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EFFECTIVE DATE OF TRANSFER: \_\_\_\_\_

\_\_\_\_\_  
Signature of New Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector

\_\_\_\_\_  
WV Number

FORM #600