



**Pikes Peak Regional Building Department**  
(Conveyance Division)  
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Colorado Springs, CO 80910

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# New Conveyance / Change of Ownership Form

(Revised 4/1/2025)

Pikes Peak Regional Building Department Conveyance Division (PPRBD), is the Authority Having Jurisdiction authorized by the State of Colorado to enforce Colorado Revised Statutes, C.R.S Title 9, Article 5.5, 'Elevator and Escalator Safety Act', and the Colorado Conveyance Regulations, 7 C.C.R.1101-8. Periodic Inspections of the conveyance are required to be performed by PPRBD at minimum of 1-year intervals, and may be performed more often to help the conveyance owner achieve and maintain compliance.

When a new conveyance is installed, or if conveyance ownership / management changes, it is required by the Colorado Conveyance Regulations 7 C.C.R.1101-8 (2-1(5)) to complete this form for the Pikes Peak Regional Building Department Conveyance Compliance Account and promptly submit to us via email to [robertv@pprbd.org](mailto:robertv@pprbd.org). Delays in providing this document will result in the conveyance shutdown. Please contact us if you have any questions.

## Conveyance Location Information

|                |         |  |        |        |      |  |
|----------------|---------|--|--------|--------|------|--|
| Building Name: |         |  |        |        |      |  |
| Address:       | Street: |  |        | Phone: |      |  |
|                | City:   |  | State: |        | ZIP: |  |

## Colorado Registered Owner Entity Information

|                  |         |  |        |  |      |
|------------------|---------|--|--------|--|------|
| Entity Name:     |         |  |        |  |      |
| Mailing Address: | Street: |  |        |  |      |
|                  | City:   |  | State: |  | ZIP: |
| Contact Name:    |         |  |        |  |      |
| Phone Number:    |         |  |        |  |      |
| Email Address*:  |         |  |        |  |      |

## Person / Entity Responsible for the Conveyance Compliance

|                  |         |  |        |  |      |
|------------------|---------|--|--------|--|------|
| Name:            |         |  |        |  |      |
| Billing Address: | Street: |  |        |  |      |
|                  | City:   |  | State: |  | ZIP: |
| Contact Name:    |         |  |        |  |      |
| Phone Number:    |         |  |        |  |      |
| Email Address*:  |         |  |        |  |      |
|                  |         |  |        |  |      |
|                  |         |  |        |  |      |

\*Please provide current email addresses for each contact so that we may communicate with you more efficiently.