



REGULATORY AFFAIRS DIRECTORATE  
MALTA STANDARDS AUTHORITY

REGISTRATION FORM FOR 'NEW' LIFTS

CIG108

**CONFIDENTIAL**

Complete in typeface or block letters.

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

AUTHORITY USE ONLY

Date received

*This form is to be used only for registration of lifts first made available to users as from 1<sup>st</sup> July 2002 onwards, as per the Inspection of Lifts Regulations, LN 231 of 2007. This form is to be filled-in by the lift installer.*

*Please read carefully the notices on page 2.*

For  
Office  
Use  
only

Date of application (DD/MM/YYYY):

Installer:

Address of the Installer:

Company Registration number of installer (if applicable):

Telephone/Mobile number of installer:

Email of installer:

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: <input type="checkbox"/> Conventional Rope Traction Lift <input type="checkbox"/> Machine Roomless Rope Traction Lift <input type="checkbox"/> Hydraulic lift <input type="checkbox"/> Machine Roomless Hydraulic Lift <input type="checkbox"/> Lift intended for persons who have difficulty climbing stairs <input type="checkbox"/> 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:	
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

The obligation for registration arises from the Inspection of Lifts Regulations, 2007, L.N. 231 of 2007. Please ensure that you use the latest version of the registration form, available from MSA. Older versions will not be accepted.

Please note that this application form must be accompanied by a copy of the Declaration of Conformity of the lift.

Illegible or improperly filled-in registrations 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.

Registration certificates are the property of MSA. Whenever a request for change of registration data is submitted by the installer, whenever registration conditions are violated, or whenever certification is cancelled by either party, the original certificate must be returned to MSA.

An administrative fee of €10 is applicable for every registration form submitted. Payment has to be effected during submission of, or together with, the registration form.

Registration certificates are to be collected by hand by the installer from MSA offices. Installers will be informed via email or telephone that the certificate has been issued.

## DECLARATION

I, (please print full name) \_\_\_\_\_

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

Signature(s):

Date:

Position:

Company Name:

*For further information please contact MSA on 2395 2000 or visit MSA's website at [www.msa.org.mt/rad/lifts/index.htm](http://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](mailto:helpdesk.msa@msa.org.mt)**

<i>For office use only:</i>	
<i>Lift Registration Form Status</i>	
Processing Date:	
<input type="checkbox"/> Form Accepted	<input type="checkbox"/> Form Incomplete
Lift Registration Number: _____	
Date when certificate is issued:	