

CERTIFICATE OF COMPLIANCE

DATE: _____

STREET ADDRESS: _____

APPLICANT: OWNER: _____ INSPECTOR: _____ OTHER: _____

CERTIFIED INSPECTOR: _____ BUILDING OWNER: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

PLEASE ATTACH A COPY OF INSPECTION REPORT

√	TYPE OF ELEVATOR	LIST IDENTIFICATION OF EACH DEVICES (ELEVATOR #1, 2", ETC.)
	PASSENGER	
	FREIGHT	
	ESCALATOR	
	DUMBWAITER	
	LIFT	

WORK BEING PERFORMED ON A: NEW ___ EXISTING ___ ELEVATOR/ESCALATOR

BRIEF DESCRIPTION OF DEVICES INSPECTED: _____

APPLICANT SIGNATURE: _____

COMPANY: _____

PRINTED NAME: _____

DATE: ___ / ___ / ___