

Final Acceptance Inspection Request

This form must be filled out completely.

Site Name:	
Site Address:	
Site City:	Site County:
State Registration Number:	

Owner/Contractor:	
General Contractor Address:	
Name of Representative:	
Phone:	Fax:

(Inspection fees if any will be billed to the above named company.)

- _____ Inspection of New Installation (First Inspection)
- _____ Inspection of Altered or Modified Unit (First Inspection)
- _____ Re-Inspection of New, Altered, or Modified Unit (Not First Inspection)

Requested Inspection Date: _____

In making this request for a final acceptance inspection, I affirm that each elevator unit included in this request meets the requirements of the Safety Code and Regulations adopted by the Commissioner. I understand that if the Inspector arrives to inspect the elevator unit and it does not meet the established criteria, the Inspector may cancel the inspection.

Signature of Authorized Representative: _____

Print Name: _____ **Date:** _____

DLLR Use Only

Request Confirmed By:	Date:	Time:
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