



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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Elevator Equipment Report of Inspection

PURSUANT TO CHAPTER 754, HEALTH AND SAFETY CODES, SUBCHAPTER B, INSPECTION, CERTIFICATION, AND REGISTRATION

Table with 4 columns: RECEIPT NUMBER, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. Row 1: \$20.00

DO NOT WRITE ABOVE THIS LINE

Unit # ___ of ___

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED WITH ATTACHMENTS IF NECESSARY. ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

Form sections: Bldg Name, Bldg Designation, ELBI #, Bldg Physical Location, Decal #, Owner Name, Owner Phone, Owner Address, Bldg Contact Name, Bldg Contact Phone, Bldg Contact Address, Door Restrictors, Firefighters Service, Waivers or Delays Requested, Repeat Violations, Due Date for Next 5 Year Safety Test, Year Installed, Year Altered.

Type of Inspection: (Check all that apply) Certificate will only be issued when an Annual or New Installation inspection is performed.
A - Annual B - New Installation C - Alteration D - Re-inspection E - Accident F - 5 Year Test X - Other

Type of Unit: (Check one) Pass Esc. M.S Frt. W.L. LULA Other (specify)

Form sections: Manufacturer, Model Type, Serial #, Drive Machine (Electric, Hydraulic, Other), Speed, Capacity, # of Car Openings, # of Floors.

Table with 5 columns: Item #, Rule, Code Year, Violations (Attach additional page(s) if necessary), Remarks

Comments: Attach additional page(s) if necessary.

Signatures Are Required For Certificate Processing.

I certify this is a true report of my inspection.

TDLR INSP LIC # Inspector Name Printed Inspector Signature Date Inspection Completed

I certify that all violations cited by the inspector (if any) have been corrected OR are under contract to be corrected. All required documents and fees are attached.

Owner/Agent Name Printed Owner/Agent Signature Date