

SUPPLEMENT FOR MULTIPLE EQUIPMENT

**ELEVATOR SUBCODE
TECHNICAL SECTION**



Date Received
Control #

Date Issued
Permit #

IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Signature _____ Date _____

| | ID | ID | ID | ID | ID | ID | ID |
|---------------------------------------|-------------------|-------|-------|-------|-------|-------|-------|
| DEVICES CHARACTERISTICS | | | | | | | |
| Traction/Winding Drum | | | | | | | |
| Hydraulic | | | | | | | |
| Roped Hydraulic | | | | | | | |
| Escalator/Moving Walk | | | | | | | |
| Dumbwaiter | | | | | | | |
| Stairway/Chair/Man Lift | | | | | | | |
| Oil Buffers | | | | | | | |
| Counterweight Governor | | | | | | | |
| Auxiliary Power Generator | | | | | | | |
| Manufacturer | | | | | | | |
| Machine Room Location | | | | | | | |
| Number of Stops | | | | | | | |
| Number of Openings | | | | | | | |
| Travel (ft.) | | | | | | | |
| Speed (f.p.m.) | | | | | | | |
| Type of Control | | | | | | | |
| Type of Operation | | | | | | | |
| Passenger/Freight | | | | | | | |
| Capacity | | | | | | | |
| Year of Installation/Major Alteration | | | | | | | |
| Temp. Cert. of Comp. | Issue Date _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Cert. of Compliance | Expire Date _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| | Number Date _____ | _____ | _____ | _____ | _____ | _____ | _____ |