**Please provide the necessary information to process and schedule and inspection with the Elevator Safety Unit. You will assure timely processing by providing complete and accurate information.**

**Location Information**

|  |  |  |
| --- | --- | --- |
| **Site Name:** | | |
| **Site Address:** | **City:** | **County:** |
| **Billing Name:** | | |
| **Billing Address:** | **City:** | **County:** |

**Unit Registration Numbers**

|  |  |  |  |
| --- | --- | --- | --- |
| **U1:** | **U2:** | **U3:** | **U4:** |
| **U5:** | **U6:** | **U7:** | **U8:** |

**Type of Inspection Request**

**Annual Inspection (existing unit)**

**5 Year Test**  **1 Year Test**  **Escalator Test**

**Re-Inspection of:**

**Seal-Out Inspection**

|  |  |  |
| --- | --- | --- |
| **Inspection Request Date:** | **Time:** | **Today’s Date:** |
| **Requesting Company:** | | **Phone:** |
| **Person Requesting:** | | **Fax:** |
| **DLLR/DOL License #:** | | **Contract Date:** |

|  |  |
| --- | --- |
| **Confirmation Date:** | **Time:** |
| **Confirmed By:** | |