



Martin O'Malley, Governor  
Anthony G. Brown, Lt. Governor

Elevator Safety Inspection Unit  
www.dllr.state.md.us/labor/elev.html

### INSPECTION REQUEST FORM

**IN THE BELOW AREAS, PLEASE PROVIDE THE NECESSARY INFORMATION TO PROCESS AND SCHEDULE AN INSPECTION WITH THE ELEVATOR SAFETY UNIT. BY PROVIDING COMPLETE AND ACCURATE INFORMATION, YOU WILL ASSURE TIMELY PROCESSING. FAILURE TO PROVIDE COMPLETE INFORMATION MAY DELAY YOUR REQUEST.**

SITE NAME: \_\_\_\_\_  
SITE ADDRESS: \_\_\_\_\_  
SITE CITY: \_\_\_\_\_ COUNTY \_\_\_\_\_  
  
BILLING NAME: \_\_\_\_\_  
BILLING ADDRESS: \_\_\_\_\_  
BILLING CITY: \_\_\_\_\_ COUNTY \_\_\_\_\_

**REGISTRATION #'s**

U1	U2	U3	U4	U5	U6	U7	U8

**TYPE OF REQUEST:**

- \_\_\_\_\_ CONSTRUCTION HOIST
- \_\_\_\_\_ FINAL **RE-INSPECTION** (any follow-up of a FINAL) \_\_\_\_/\_\_\_\_/\_\_\_\_ (Date of Last Inspection)
- \_\_\_\_\_ ANNUAL INSPECTION (existing unit)
- \_\_\_\_\_ TEST \_\_\_\_\_ (5 YEAR) \_\_\_\_\_ (1 YEAR) \_\_\_\_\_ (ESCALATOR)
- \_\_\_\_\_ **RE-INSPECTION** (a follow-up of any inspection **EXCEPT A NEW INSTALLATION OR SEAL-OUT**)
- \_\_\_\_\_ **SEAL-OUT RE-INSPECTION**

**REQUESTED INSPECTION DATE** \_\_\_\_\_

REQUESTING COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_  
PERSON REQUESTING \_\_\_\_\_ FAX # \_\_\_\_\_  
TODAYS DATE \_\_\_\_\_ DLLR License # \_\_\_\_\_  
CONTRACT DATE \_\_\_\_\_

CONFIRMATION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ CONFIRMED BY: \_\_\_\_\_

