

### 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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