



Elevator Inspection / Test Report

By Approved Private Elevator Inspection Agency

Please File The Original With 2 Copies. Report Must Be Typewritten
 NYC Department of Buildings, 280 Broadway, New York, NY 10007

Date DOB notified of:

5 year test:		
2 year test:		
1 year test:		

1 Location Information		
Borough		
Address		
Block	Lot	BIN
Application Number (if applicable):		

2 Report Type		
<input type="checkbox"/> Mandated Private Elevator Inspection (LL10/81)		
<input type="checkbox"/> Replacement / Modification Sign-off -- PPN# 26/90		
2 Year Test <input type="checkbox"/>	3 Year Test <input type="checkbox"/>	5 Year Test <input type="checkbox"/>

3 Fee Status	
<input type="checkbox"/> Fee (LL 10/81 only)	<input type="checkbox"/> Fee Exempt with Acceptable Proof Enclosed: ___ Real estate \$0.00 tax bill: ___ Verification letter from Finance Dept.

4 Applicant Information	
Approved Private Elevator Inspection Agency	Owner
Company Name	Name
Agency Certification #	Title
Address	Business Name
City State ZIP	Address
Phone E-mail address	City State ZIP
Inspector Name Certification #	Phone E-mail address

5 Inspection / Test Information ***If filing for more than 5 devices, use form ELV-3A for the additional device(s) information***						
Device Number	Inspection/Test Date	Total Number of Devices Filing For (including Additional Devices on ELV-3A):			Note: You must complete the reverse side for all unsatisfactory results.	
		Device type			Inspection Result	Internal Use
1.		Passenger	Sidewalk	Handicap-lift	Satisfactory	
		Freight	Manlift	Elevette-Public		
		Escalator	Moving Walk	Other	Unsatisfactory	
2.		Passenger	Sidewalk	Handicap-lift	Satisfactory	
		Freight	Manlift	Elevette-Public		
		Escalator	Moving Walk	Other	Unsatisfactory	
3.		Passenger	Sidewalk	Handicap-lift	Satisfactory	
		Freight	Manlift	Elevette-Public		
		Escalator	Moving Walk	Other	Unsatisfactory	
4.		Passenger	Sidewalk	Handicap-lift	Satisfactory	
		Freight	Manlift	Elevette-Public		
		Escalator	Moving Walk	Other	Unsatisfactory	
5.		Passenger	Sidewalk	Handicap-lift	Satisfactory	
		Freight	Manlift	Elevette-Public		
		Escalator	Moving Walk	Other	Unsatisfactory	

6 Statements and Signatures	
<p>The elevator(s) described above and on attached sheets have been inspected/tested by the above named Approved Elevator inspection Agency in accordance with all Administrative Code Provisions and Departmental Rules, Regulations and Directives. The results of these inspections/tests are indicated above. A copy of this report has been given to the owner of the building</p> <p>Falsification of any statement is a misdemeanor under § 26-124 of the NYC Administrative Building Code and is punishable by a fine or imprisonment, or both.</p> <p>It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both.</p>	Inspection Agency Director Name _____ Date _____ Director's Signature (No stamp)
	Agency Inspector Name _____ Date _____ Inspector Signature (No stamp)
	Owner Name _____ Date _____ Owner Signature (No stamp)

For internal use only	Report Number	Date Received	Fee Paid	Transaction No.	Accepted	Rejected	Reason

