



# ELV44: Third-Party Certification of Elevator Acceptance Test

(form must be typewritten)

Application No.: \_\_\_\_\_  
(if applicable)

Date DOB Notified of Inspection: \_\_\_\_\_  
(MM/DD/YYYY)

## 1 LOCATION INFORMATION

Street Address: \_\_\_\_\_

Borough: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ BIN: \_\_\_\_\_

## 2 PERMIT HOLDER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Phone No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Agency License No.: \_\_\_\_\_

## 3 TEST INFORMATION\* (list each device individually)

Device No.	Inspection/Test Date	Conveyer	Dumbwaiter	Escalator	Freight	Manlift	Material Lift	Wheelchair Lift	Passenger	Elevator (const)	Private Res. ELV	Sidewalk	Other
1													
2													
3													
4													
5													

\*No deficiencies are permitted.

## 4 PERMIT HOLDER STATEMENTS & SIGNATURES

As the Approved Elevator Inspection Agency listed on this form, I have inspected/tested or, as Director of the above-named Approved Elevator Inspecting Agency listed on this form, someone in my supervision has inspected/tested the elevator(s) described above and on attached sheets in accordance with all NYC Administrative Code and other applicable laws, rules and bulletins. The results of these inspections/tests are indicated above, and a copy of this report has been provided to the owner.

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. 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.

Agency Name: \_\_\_\_\_

Director/Co-Director Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Inspector Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5 WITNESSING AGENCY'S STATEMENTS & SIGNATURES**

As a representative of an Approved Elevator Inspection Agency, I attest to have been witness or as Director of above -named Approved Elevator Inspection Agency, someone in my supervision has been witness to the inspection(s)/test(s) performed by the above-named inspecting agency. These inspection(s)/test(s) were performed in accordance with all NYC Administrative Code and other applicable laws and rules. I further attest neither myself nor my agency have any affiliation with the above-named inspecting/testing agency.

Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. 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.

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

Director/Co-Director Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Elevator Inspector Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_