



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 (constr)	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: _____