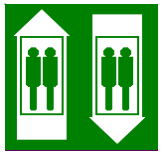
SUPPLEMENT FOR MULTIPLE EQUIPMENT

ELEVATOR SUBCODE
TECHNICAL SECTION



Date Received
Control #

Date Issued
Permit #

IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-242-1776.

CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Block _____ Lot _____ Qualification Code _____

Work Site Location _____ Signature _____ Date _____

	ID	ID	ID	ID	ID	ID	ID
DEVICES CHARACTERISTICS							
Traction/Winding Drum	☐	☐	☐	☐	☐	☐	☐
Hydraulic	☐	☐	☐	☐	☐	☐	☐
Roped Hydraulic	☐	☐	☐	☐	☐	☐	☐
Escalator/Moving Walk	☐	☐	☐	☐	☐	☐	☐
Dumbwaiter	☐	☐	☐	☐	☐	☐	☐
Stairway/Chair/Man Lift	☐	☐	☐	☐	☐	☐	☐
Oil Buffers							
Counterweight Governor							
Auxilary Power Generator							
Manufacturer							
Machine Room Location							
Number of Stops							
Number of Openings							
Travel (ft.)							
Speed (f.p.m.)							
Type of Control							
Type of Operation							
Passenger/Freight							
Capacity							
Year of Installation/Major Alteration							
Temp. Cert. of Comp. Issue Date							
Temp. Cert. of Comp. Expire Date							
Cert. of Compliance Number							
Cert. of Compliance Date							