

**Please provide the necessary information to process and schedule and inspection with the Elevator Safety Unit. You will assure timely processing by providing complete and accurate information.**

**Location Information**

<b>Site Name:</b>		
<b>Site Address:</b>	<b>City:</b>	<b>County:</b>
<b>Billing Name:</b>		
<b>Billing Address:</b>	<b>City:</b>	<b>County:</b>

**Registration Numbers**

<b>U1:</b>	<b>U2:</b>	<b>U3:</b>	<b>U4:</b>
<b>U5:</b>	<b>U6:</b>	<b>U7:</b>	<b>U8:</b>

**Type of Inspection Request**

- Annual Inspection (existing unit)  
 5 Year Test     1 Year Test     Escalator Test  
 Re-Inspection of:  
 Seal-Out Inspection

<b>Inspection Request Date:</b>	<b>Time:</b>	<b>Today's Date:</b>
<b>Requesting Company:</b>		<b>Phone:</b>
<b>Person Requesting:</b>		<b>Fax:</b>
<b>DLLR/DOL License #:</b>		<b>Contract Date:</b>

<b>Confirmation Date:</b>	<b>Time:</b>
<b>Confirmed By:</b>	