



# Elevator Batch Intake Form (EBI1)

Must be typewritten.

This form should be used when processing 5 or more reports.

Agency #:

Period Covering (one filing yr):

Business Name:

CATEGORY	DEVICE #	BLOCK	LOT	CHECK #	AMOUNT	Total # of Reports (Cat 1):	
1)						Total Cat 1 Payment:	\$
2)						Total # of Reports (Cat 3 & 5):	
3)						Total Cat 3 & 5 Payment:	\$
4)						Total # of Reports (AOC):	
5)						Total AOC Payment:	\$
6)						Total # of Reports (PVT-AOC):	
7)						Total PVT-AOC Payment:	\$
8)						Total # of Reports (Waivers):	
9)						Total Waivers(EWP) Payment:	\$
10)							
11)						<b>GRAND TOTAL PAYMENT :</b>	<b>\$</b>
12)						<b>(FOR OFFICE USE ONLY)</b>	
13)						<b>DATE &amp; TIME STAMP:</b>	
14)							
15)							
16)							
17)							
18)							
19)							
20)							
21)							
22)							
23)							
24)						<b>(FOR OFFICE USE ONLY)</b>	
25)						<b>(MUST PRINT DATE AND BIS ID)</b>	
26)						<b>RECEIVED BY CFB:</b>	
27)						<b>BIS ID:</b>	
28)						<b>(FOR OFFICE USE ONLY)</b>	
29)						<b>(MUST PRINT DATE AND BIS ID)</b>	
30)						<b>RECEIVED BY CASHIER:</b>	
31)						<b>BIS ID:</b>	
32)						<b>(FOR OFFICE USE ONLY)</b>	
33)						<b>(MUST PRINT DATE AND BIS ID)</b>	
34)						<b>RECEIVED BY ELEV UNIT:</b>	
35)						<b>BIS ID:</b>	
36)						<b>(FOR OFFICE USE ONLY)</b>	
37)						<b>(MUST PRINT DATE AND BIS ID)</b>	
38)						<b>RECEIVED BY ELEV UNIT:</b>	
39)						<b>BIS ID:</b>	
40)							

*This form must be mailed to the Central Filing & Billing Unit located at 280 Broadway 6th fl NY, NY 10007*

**FEE SCHEDULE**

Category 1: \$30 per device

Category 3 & 5: \$40 per device

Waiver of Civil Penalties Form (EWP): \$35 per device

**FEE SCHEDULE**

AOC & PVT-AOC: \$40 per violation