



ELV29: Elevator Affirmation of Correction

Mail to: 280 Broadway, New York, NY 10007
Must be typewritten.

PLEASE CHECK ONE:
<input type="checkbox"/> PVT Violation
<input type="checkbox"/> Annual Inspection / Test Category 1 (ELV-3) Unsatisfactory Item

Instructions: Approved Inspection Agency Elevator Inspectors must use this form to certify that all unsatisfactory items identified during an annual periodic inspection (Category 1) and a PVT violation have been corrected within 120 days after the date of inspection and test, except all hazardous conditions must be corrected immediately. Additionally this certification must be filed within 60 days following the completion of repairs. (These rules are not applicable when certifying corrections of a PVT violation).

The form may be submitted in person or mailed to the NYC Department of Buildings, Elevator Division, 4th floor, 280 Broadway, New York NY 10007.

1 Location Information

Place of Occurrence /Address:

Borough:

Zip Code:

2A PVT Violation Device Information (Do not use for category 1 corrections—See 2B)

REQUIRED:

- I have attached a sworn/affirmed statement describing the work done to correct the violating condition (s). In addition, I have attached a copies of all permits, bills, receipts, photographs and/or other documentary proof that the violating condition (s) has/have been corrected or have been explained in my statement why such are not available.
- I have attached a copy of PVT violation.

Device Number:	
Date Violation Issued:	
PVT Violation Number:	

2B Annual Periodic Test Device Information (Do not use for PVT Violation information—See 2A)

REQUIRED:

- I have attached a sworn/affirmed statement describing the work done to correct the violating condition (s). In addition, I have attached a copies of all permits, bills, receipts, photographs and/or other documentary proof that the violating condition (s) has/have been corrected or have been explained in my statement why such are not available.
- I have attached a copy of my initial ELV-3 form.

Device Number:	
Date Report Filed:	
Date of Inspection:	

3 Statements and Signatures

I, _____, a certified elevator inspector working for _____, duly swear
(Print Name of Approved Inspection Agency Elevator Inspector) (Approved Elevator Company Name)

under penalty of perjury, that I have reviewed and inspected the device listed on violation and/or annual periodic test report on _____/_____/_____ and that all conditions listed have been corrected.
(date)

(Inspectors Signature) (Certification #)

Sworn to under penalty of perjury Notary Stamp:

Before me this _____ day of _____

(Notary Public Signature)

False certification is a criminal misdemeanor under sections 28-203.1.1 and 28-211.1 of the NYC Administrative Code, punishable by up to 1 year imprisonment and/or fine of up to \$25,000. It is also punishable with a civil penalty of up to \$25,000.

Owner's Name / Print:	Agency Directors Name / Print:
Owner's Signature:	Agency Directors Signature:
Address:	Address:
Telephone Number:	Telephone Number: