



ELV36: Elevator/ Escalator Test Notification Form

Application must be typewritten.

Buildings

1 Application Type

- 1 Year Test/ Escalator, 3 Year Test/ Water Hydr, 5 Year Test/ Elevator, PPN/ Door Monitoring

2 Location Information

Borough:
Address:
Block: Lot:
of device(s):

3 Approved Inspection Agency Performing Test

Approved Private Elevator Inspection Agency Name:
Agency Certification Number:
Address and Telephone:

4 Approved Inspection Agency Witnessing Test

Approved Private Elevator Inspection Agency Name:
Agency Certification Number:
Address and Telephone:

5 Test Scheduling Information

Start Date:
Start Time:
Approved Inspection Agency Director Performing Test certifies that the Inspection Agency will be fully prepared to perform all aspects of the tests
Approved Inspection Agency Director's Performing Test Print Name:
Approved Inspection Agency Director's Performing Test Signature:

Instructions for Filing Notification

Please take notice that this form must be completed and personally submitted to the New York City Department of Buildings Elevator Division at 280 Broadway, 4th floor, New York, NY 10007, or fax to (212)566-5688 at least 10 days prior to conducting the test.

If this form is not received by the Department of Buildings at least 10 days before the performance of all tests, the test report will be rejected.

In order to cancel this test, please notify this Department twenty-four(24) hours before the scheduled test(s) by faxing or sending this notification mark canceled to (212)566-5688 or notification@buildings.nyc.gov, and contacting (212)566-4874.