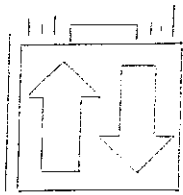


SUPPLEMENT FOR MULTIPLE EQUIPMENT

ELEVATOR
SUBCODE
TECHNICAL SECTION



Date Issued _____
Control # _____
Permit # _____

IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION
WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE: CALL UTILITY DIG NO.
1-800-272-1600

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 _____

Work Site Location _____

Signature _____

	ID	ID	ID	ID	ID	ID	ID	ID
DEVICES CHARACTERISTICS								
Traction/Winding Drum								
Hydraulic								
Roped Hydraulic								
Escalator/Moving Walk								
Dumbwaiter								
Stair/Chair/Mien Lift								
Oil Buffers								
Counterweight Governor								
Aux. 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 Install/Major Alteration								
Temp. Cert. of Comp.	Issue	Issue	Issue	Issue	Issue	Issue	Issue	Issue
	Expire	Expire	Expire	Expire	Expire	Expire	Expire	Expire
Cert. of Compliance	Number	Number	Number	Number	Number	Number	Number	Number
	Date	Date	Date	Date	Date	Date	Date	Date