

**SUPPLEMENT FOR MULTIPLE EQUIPMENT**

**ELEVATOR SUBCODE  
TECHNICAL SECTION**



Date Received  
Control #  
  
Date Issued  
Permit #

**IDENTIFICATION-APPLICANT:** COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

**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 \_\_\_\_\_ Qualification Code \_\_\_\_\_

Work Site Location \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

	ID	ID	ID	ID	ID	ID	ID
DEVICES CHARACTERISTICS							
Traction/Winding Drum							
Hydraulic							
Roped Hydraulic							
Escalator/Moving Walk							
Dumbwaiter							
Stairway/Chair/Man Lift							
Oil Buffers							
Counterweight Governor							
Auxiliary 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 Installation/Major Alteration							
Temp. Cert. of Comp.	Issue Date _____	_____	_____	_____	_____	_____	_____
Expire Date	_____	_____	_____	_____	_____	_____	_____
Cert. of Compliance	Number _____	_____	_____	_____	_____	_____	_____
Date	_____	_____	_____	_____	_____	_____	_____