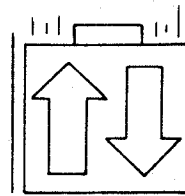


**SUPPLEMENT FOR MULTIPLE EQUIPMENT**



**ELEVATOR  
SUBCODE  
TECHNICAL SECTION**



Date Issued \_\_\_\_\_  
Control # \_\_\_\_\_  
Permit # \_\_\_\_\_

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

**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 \_\_\_\_\_

Work Site Location \_\_\_\_\_

Signature \_\_\_\_\_

	ID	ID	ID	ID	ID	ID	ID	ID	ID
<b>DEVICES CHARACTERISTICS</b>									
Traction/Winding Drum									
Hydraulic									
Roped Hydraulic									
Escalator/Moving Walk									
Dumbwaiter									
Stair/Chair/Man 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								
	Expire	_____	_____	_____	_____	_____	_____	_____	_____
Cert. of Compliance	Number	_____	_____	_____	_____	_____	_____	_____	_____
	Date	_____	_____	_____	_____	_____	_____	_____	_____