



# COUNTY of SUSSEX

## ELEVATOR CERTIFICATION APPLICATION

APPLICANT: \_\_\_\_\_ OWNER \_\_\_\_\_ INSPECTOR \_\_\_\_\_ OTHER \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

INSPECTION AGENT: \_\_\_\_\_ BUILDING OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

ZIP CODE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSPECTOR: \_\_\_\_\_

CERTIFICATION ON FILE: YES \_\_\_\_\_ NO \_\_\_\_\_

NUMBER AND IDENTIFICATION OF DEVICES:

\_\_\_\_\_ PASSENGER ELEVATORS  
IDENTIFICATION (i.e. Elevator 1, Elevator 2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ FREIGHT ELEVATORS  
IDENTIFICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ OTHER DEVICES (ESCALATORS, DUMB WAITERS)  
IDENTIFICATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK BEING PERFORMED ON A : NEW \_\_\_\_\_ EXISTING \_\_\_\_\_ ELEVATOR/ESCALATOR

BRIEF DESCRIPTION OF DEVICES INSPECTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

\_\_\_\_\_APPROVED      \_\_\_\_\_DISAPPROVED

COMMENTS: \_\_\_\_\_

DATE CERTIFICATE ISSUED \_\_\_\_/\_\_\_\_/\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_