



160 East 300 South, 3rd Floor
 PO Box 146620
 Salt Lake City, Utah 84114-6620
 (801) 530-6850

NEW ELEVATOR INSPECTION REQUEST

| | |
|---------------------------|--|
| Requesting Company: | |
| Requestor Name: | |
| Requestor Phone: | |
| Requestor Email: | |
| | |
| Inspection Contact Name: | |
| Inspection Contact Phone: | |
| Inspection Contact Email: | |
| | |
| Location Name: | |
| Location Address: | |
| Location City: | |
| Location County: | |
| Location Zip: | |
| | |
| Type of Unit(s): | |
| Number of Units: | |
| Number of Stops per Unit: | |
| Date(s) Requested: | |

| | | | |
|--|-----------------------------------|------------------------------------|-------|
| <i>Field Welding Information (If applicable)</i> | | | |
| Welder Name: | | | |
| Welder Certification: | <input type="checkbox"/> Attached | <input type="checkbox"/> Submitted | Date: |
| Date Certified: | | | |
| <i>Welders Log required with each submission to ensure compliance with A17.1 Section 8.8</i> | | | |

Special Instructions/Directions: _____