

# Elevator Affidavit

To Be Submitted By The Permit Holder At the Completion of the Certification.

Permit #  Date Work Completed

Property Address

Permit Holder

Device Type:  Device Size:

Location:  Serial Number:

**Comments  
or  
Additional  
Information**

Approved

Denied

I affirm by my signature below that all elevators have been properly inspected, identified and located on the property in correspondence to the property address above.

Signature

Print Name

Date

License/Certification Number:

Expiration Date: