Department of Industrial Relations
Division of Occupational Safety and Health
ELEVATOR UNIT

## STATE OF THE STATE

## **NEW INSTALLATION INTENT TO INSTALL FORM**

loday's date		
	and section 3001(a)(4) of California Coo Prawings and submittals may be necessal	de of Regulations Title 8 Elevator Safety Orders ry.
Elevator Company Name Billing Address Telephone Number CQCC #		
Address of new installat Street: City: Zip Code:	<u>ion:</u>	
Building Name:		
Number of Units		
Permitted California Elec	trical Code of Record.	
Elevator are in compliant If No justification in writing	ce with 3041(e) Medical Emergending must be attached.	cy Elevator:
Observation car or Glass submitted to the Division	installed in/or on cab wall: before installation.	if <u>yes</u> drawings shall be
Permanent Variance Elev	ator number (if applicable) # _	
Check one Passenger Freight Dumbwaiter Escalator Wheelchair lift VRC LULA Article 15 Special Purpose Other	Check one Overhead Traction Basement Traction Hydroelectric Roped Hydroelectric Chain/Belt/Direct Drive Escalator Screw Drive Rack & Pinion Other	
Job Specific's		
Rated Speed Controller Model	Rated Load	Rise
The elevator shall be 100	% complete before requesting an	inspection.
Prepared by:	Estimated completion Date:  Rev. 3/15/2018	