



DEPARTMENT OF BUILDINGS & REGULATORY COMPLIANCE

200 HENRY JOHNSON BLVD.—SUITE 1 | ALBANY, NY 12210

518.434.5995 | FAX 518.434.6015 | EMAIL: CODES@ALBANYNY.GOV

Elevator Inspection Certification Form

*This form must be filled out by a licensed inspection company **only when the Elevator is in full compliance** and returned to the Department of Buildings & Regulatory Compliance before a Certificate of Operation will be issued. A separate form must be submitted for each Elevator.*

Address: _____

Owner's Name: _____

Contact Person: _____ Contact Phone: _____

City Elevator No: _____ Initial Inspection Date: _____

Inspector: _____

This is to certify that the above referenced elevator located at the above referenced address in the City of Albany, NY, has been inspected and found to be in compliance with NYS Fire Prevention and Building Code (19NYCRR) and the appropriate American Society of Mechanical Engineers Standard A17.1 or A18.1.

Operation of this elevator without a valid Certificate of Operation is a violation.

I hereby certify that I have read the instructions and examined this form and know the same to be true and correct.

Signature of Inspector

Date

Company

License Number