



Department of Commerce

Division of Industrial Compliance

John R. Kasich, Governor
Jacqueline T. Williams, Director

Authorization to Perform Elevator Inspections

Completed form can be mailed or Sent electronically to:

Email: elevators@com.ohio.gov Fax: 614-644-2428

- This form shall be completed only by the insurance company authorizing the inspection of the elevator listed below.
This form must be submitted with each inspection report submitted by a special inspector.
Inspection reports will not be accepted by the Elevator Section until this form is completed in its entirety.
When conducting inspections in Ohio, you must be conducting those inspections on behalf of an insurance company (self-insured does not qualify) who holds the coverage for the building.
All Insurance (special) inspectors must have a current Ohio certificate of competency in order to perform inspections.
References: ORC 4105.02, 4105.07 and 4105.10

Location of Elevator Device(s) Contact: Phone: Fax:
Building Name: Address:
City: State: OH Zip: Email:

STATE ID #(s) to be inspected:
Table with 5 columns for listing state IDs.

Start Date and Time: End Date and Time:

Insurance Company Authorizing the Inspection: Contact: Phone:
Company Name: Address:
City: State: Zip: Email:
Policy Number: Type of Insurance Provided:
Policy Duration: From: To:
Are there any elevator devices at this location/complex not authorized for inspection Yes No
If Yes, list the STATE ID #(s):
Name of Authorized inspector to perform inspection PRINT
Signature of Insurance Company Representative: Date:

FOR OFFICE USE ONLY
Reviewed by: Date: Processed by: Date:
Comments: