



# Department of Commerce

Division of Industrial Compliance  
John R. Kasich, Governor  
Jacqueline T. Williams, Director

## Authorization to Perform Elevator Inspections

This form shall be completed **only by the insurance company authorizing the inspection** of the elevator listed below. This form is to be completed in black ink and submitted to the State of Ohio Elevator Inspection Office. Please print all information. 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.

Name of the Building to be Inspected:		
Location Address:		
	City	Zip
Number of Elevators to be Inspected at this location/complex: _____ List each unit's State of Ohio elevator <b>identification number</b> being inspected (attach an additional sheet if necessary):		

Name of Insurance Company Authorizing the Inspection:		
Address		
	City	Zip
Policy Number and Type of Insurance Provided:		
Are there any elevator devices at this location/complex not authorized for inspection? If yes, please list the unit's State of Ohio elevator identification numbers:		
Name of the Special Inspector that will perform the inspection (PRINT):		

Date of the next annual inspection:
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References: ORC 4105.07 and 4105.10

**Signature of Insurance Company Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Contact Phone Number:** \_\_\_\_\_

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