



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) whose policies provide coverage for the elevators or escalators being inspected. Unlike an insurance company, the owner of a building does not have the authority to designate someone a Special Inspector who would, thereby, have authority to perform an inspection of a conveyance, in lieu, of the Division's general inspectors.
- In order to be designated a Special (Insurance) Inspector by an insurance company, an individual must have a current Ohio certificate of competency issued by the Division.
- References: R.C. 4105.02; 4105.04; 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: | | | | |
| | | | | |

| | | | | | |
|-----------------------------|--|--|---------------------------|--|--|
| 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 inspector authorized to perform inspection: | | PRINT | | | |
| Signature of Insurance Company Representative: | | | | Date: | |

| | |
|---------------------|---------------------|
| FOR OFFICE USE ONLY | |
| Reviewed by: _____ | Processed by: _____ |
| Date: _____ | Date: _____ |