



### Authorization to Perform Elevator Inspections

Completed form can be mailed or Sent electronically to:

Email: [elevators@com.ohio.gov](mailto: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. The owner of a building does not have the authority under Ohio Law to “authorize” an inspection to be conducted in lieu of the State of Ohio for issuance of a certificate of operation. Only an insurance company can employ an inspector.
- 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

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

<b>STATE ID #(s) to be inspected:</b>				

<b>Start Date and Time:</b>			<b>End Date and Time:</b>		

<b>Insurance Company Authorizing the Inspection:</b>	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			
<b>Signature</b> of Insurance Company Representative:				Date:	

<b>FOR OFFICE USE ONLY</b>	
Reviewed by: _____	Processed by: _____
Date: _____	Date: _____
Comments:	