



Local Roots, Global Reach

# ISLE OF WIGHT COUNTY, VIRGINIA

DEPARTMENT OF INSPECTIONS

## ELEVATOR CERTIFICATION APPLICATION

STREET ADDRESS: \_\_\_\_\_

APPLICANT:      OWNER \_\_\_\_\_ INSPECTOR \_\_\_\_\_ OTHER \_\_\_\_\_

INSPECTION AGENT: \_\_\_\_\_ BUILDING OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSPECTOR NAME: \_\_\_\_\_

CERTIFICATION NO.: \_\_\_\_\_

MECHANIC NAME: \_\_\_\_\_

MECHANIC CERT. NO.: \_\_\_\_\_

### NUMBER AND IDENTIFICATION OF DEVICES:

\_\_\_\_\_ PASSENGER ELEVATORS  
IDENTIFICATION (i.e. Elevator 1, Elevator 2) \_\_\_\_\_

\_\_\_\_\_ FREIGHT ELEVATORS  
IDENTIFICATION: \_\_\_\_\_

\_\_\_\_\_ OTHER DEVICES (ESCALATORS, DUMB WAITERS)  
IDENTIFICATION: \_\_\_\_\_

WORK BEING PERFORMED ON A:      NEW: \_\_\_\_\_ EXISTING: \_\_\_\_\_ ELEVATOR/ESCALATOR

BRIEF DESCRIPTION OF DEVICES INSPECTED: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

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[www.co.isle-of-wight.va.us](http://www.co.isle-of-wight.va.us)