

WEST VIRGINIA DIVISION OF LABOR
749-B BUILDING 6, CAPITOL COMPLEX, CHARLESTON WV 25305
PHONE (304) 558-7890 • FAX (304) 558-2415

CERTIFICATION OF COMPLIANCE AND APPLICATION FOR CERTIFICATE OF OPERATION

Name of Building Owner/Agent: _____

Address: _____

EV Account Number: _____

Elevator Maintenance Company Name: _____

Address: _____

Type of Machinery: _____
(e.g. elevator, escalator, etc)

Serial Number: _____ Inspection Date: _____

We do hereby certify that all violations listed in the last inspection report have been corrected: (List all corrections below – Should correspond with violations listed on inspection report)

(Name of Elevator Owner or Owner Representative – Please Print)

(Name of Person Making Repairs – Please Print)

(Signature)

(Signature)

(Date)

(Date)

Return this form to the address above
within 30 days of inspection date.

Form #605
Revision Date 10/23/2008

The Division of Labor processes your personal information for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business as needed to comply with State or Federal laws. If you have any questions about the Division of Labor's use of your personal information or would like a copy of the Division's complete privacy notice, please contact the Webmaster, Robert Bryant at Robert.L.Bryant@wv.gov or the Division's Privacy Officer, John Junkins at John.R.Junkins@wv.gov.

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