

State of Connecticut – Bureau of Elevators
Schedule Inspection Request

TO: Nancy DiMitruck

EMAIL: CT.Elevators@CT.Gov

Date: _____

RIGHT FAX: (959) 200-4890

ELEVATOR COMPANY NAME: _____

CONTACT NAME/ PHONE NUMBER: _____

JOB NAME: _____

ADDRESS: _____

TOWN: _____

ELEVATOR REGISTRATION #: _____

VARIANCE APPROVED (IF REQUIRED) Y/N _____ DATE _____

PLEASE CHECK TYPE OF TEST/INSPECTION

NEW ACCEPTANCE: _____ RE-INSPECTION _____

MODERNIZATION: _____ RE-INSPECTION _____

PERIODIC: __ REPAIR __ REPLACEMENT __ REASON _____

DATE REQUESTING/WEEK OF: _____

AUTHORIZATION OF OVERTIME (IF NEEDED) _____