## SUPPLEMENT FOR MULTIPLE EQUIPMENT

## ELEVATOR SUBCODE TECHNICAL SECTION



IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL LITH TY DIG NO: 1-800-272-1000

Block Lot Qualification Code				CERTIFICATION IN LIEU OF OATH  I hereby certify that I am the (agent of) owner of			
	LOI	Qualification Code		record and am authorized to make this application.			cation.
Work Site Location	— Signature		Date				
	ID	ID	ID	ID	ID	ID	ID
EVICES CHARACTERISTICS							
raction/Winding Drum							
lydraulic							
Roped Hydraulic							
scalator/Moving Walk							
oumbwaiter							
tairway/Chair/Man Lift							
Dil Buffers							
Counterweight Governor							
uxilary Power Generator							
lanufacturer							
fachine Room Location							
lumber of Stops							
lumber of Openings							
ravel (ft.)							
peed (f.p.m.)							
ype of Control							
ype of Operation							
assenger/Freight							
apacity							
ear of Installation/Major Alteration							
lssue Da emp. Cert. of Comp. Expire D	ite						
Number							

Date

Cert. of Compliance