



# CITY OF ITHACA

108 East Green Street Ithaca, New York 14850-5690

BUILDING DEPARTMENT – 4<sup>TH</sup> Floor

Telephone: 607 274-6508 Fax: 607 274-6521

## ELEVATOR CERTIFICATION

Address of property: \_\_\_\_\_

Owner/agent name: \_\_\_\_\_

Owner/agent address: \_\_\_\_\_

As of this date, \_\_\_\_\_, the elevator(s) at the above address has/have been inspected and tested per the requirements of ASME A17.1 Section 1000. All deficiencies pertaining to the elevator systems and equipment have been corrected and re-tested to verify operation.

\_\_\_\_\_  
(Signature of ASME QEI-1 Qualified Inspector) Date: \_\_\_\_\_

**By my signature above, I hereby certify this elevator system and equipment is in working order as designed, meeting the applicable ASME A17.1 requirements.**

The owner or agent shall be responsible for the maintenance and proper operation of the system. Service personnel shall be qualified and experienced in the operation and maintenance of the elevator systems.

***FAILURE TO MAINTAIN OR FAILURE TO REPAIR SYSTEM IS A VIOLATION OF THE LAW.***

By my signature on this certificate, I declare my intention to maintain the elevator system(s) located at the listed address in accordance with the above standards. Furthermore, I declare **that all required periodic testing listed in ASME A17.1 Section 1000 has been completed.**

\_\_\_\_\_  
(Signature of Owner / Agent) Date: \_\_\_\_\_