NOTICE OF NON-COMPLIANCE

For Multiple Objects at One Location (5 to 20 Objects per Packet)

This Report Must be Filed Within 10 Days per NAC 455C.522

1. Location Name	2. Location Address	3. Page No. FIRST
		1 of
4. Owner	5. Inspection Date(s)	6. Date Rec'd by MCS

The following items are found to be in Non-Compliance with **Chapter 455C of the NRS and/or NAC**. In the interest of safety and economy, and to conform to the applicable statutes and regulations, these items should receive your prompt attention. Once corrected <u>IT IS IMPORTANT</u> that you or your Authorized Agent notify the issuing AIA/Special Inspector in writing.

7. Equipment Type And State NV #	8. Item#	9. Standard, Regulation or Section of the Act of Non- Compliance and Description	10. Abatement Date (Max – 30 Days)	11. Completed Date
Equipment Type: EL- Elevator; ESC- Escalator; MW- Moving Walk; DW- Dumbwaiter; WCL- Wheel Chair Lift; CL- Chair Lift; X- Other				

12. Total Item Count for This Page:

Northern Office: 4600 Kietzke Lane Bldg F, Suite 151 Reno, NV 89502 (775) 688-3750 State of Nevada Department of Business and Industry Division of Industrial Relations Mechanical Compliance Section Southern Office: 1301 N. Green Valley Parkway Suite 160 Henderson, NV 89074 (702) 486-9054

NOTICE OF NON-COMPLIANCE

For Multiple Objects at One Location (5 to 20 Objects per Packet)

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1. Location Name (Required on All Pages)		3. Page No. MIDDLE
	If needed make copies of this page.	of

l Date

12. Total Item Count for This Page:

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NOTICE OF NON-COMPLIANCE

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1. Location Name (Required on All Pages)	3. Page No. LAST
	of

7. Cont. Equipment Type And	8. Cont. Item#	9. Cont. Standard, Regulation or Section of the Act of Non- Compliance and Description	10. Cont. Abatement Date (Max – 30 Days)	11. Cont. Completed Date
State NV#				
Equipment Type: EL- Elevator; ESC- Escalator; MW- Moving Walk; DW- Dumbwaiter; WCL- Wheel Chair Lift; CL- Chair Lift; X- Other				

		12. Total Item Count for This Page:
17. F	ailure to correct by the specified date may subject the owner to regulatory penalties.	13. Total Items for ALL Pages:
		14. Total # of Objects:(Max - 20)
	you need additional time to correct, please contact the Mechanical Compliance Section sted below for your area prior to the Abatement Date indicated on this form.	15. Owner or Auth. Agent Initial:
		16. Date Issued on Site:
19. N	lotice of Non-Compliance: Received by Owner or Authorized Agent : (Print, Sign with Title a	and Telephone Number)

Print	/	Sign	/ Title	Phone
20. Issued by Spec	cial Inspector: (Print, Sign with State ID# a	nd Office Phone)		
Print		Sign	/ State ID#	Phone
	Northern Office: 4600 Kietzke Lane Bldg F, Suite 151 Reno, NV 89502 (775) 688-3750	State of Nevada Department of Business and Industry Division of Industrial Relations Mechanical Compliance Section	Southern Office: 1301 N. Green Valley Parkway Suite 160 Henderson, NV 89074 (702) 486-9054	