STATE OF NEVADA DBI/DIR MECHANICAL COMPLIANCE SECTION

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4600 Kietzke Lane, Suite F-151 Reno, Nevada 89502 Telephone: (775) 688-3750 Fax: (775) 688-1664

MCS.Reno@Business.nv.gov

3360 W. Sahara Ave, Suite 170 Las Vegas, Nevada 89102 Telephone: (702) 486-9054 MCS.LV@ Business.nv.gov

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Report of Fire Service Testing

ASME A17.1- Sections 8.6.4.19.6 or 8.6.5.14.3

Until further notice, this report serves as confirmation that the Category 1Periodic Testing of Firefighter's Emergency Operations, as prescribed in A17.1-2013, Section 8.6.4.19.6 or 8.6.5.14.3 (e), has been performed by <u>both</u> the Fire Service company representative and the Elevator Service company representative.

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For each elevator tested, list the State Registration number (NV#):

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NV	NV	NV	NV
NV	NV	NV	NV
Location Name	::		
Address:			
By signing be	elow, you are verifying	that testing was performed at the	same time by both companies
All the Elevat	or Fire Alarm Initiating I	Devices have been tested and are in	n compliance:
Print Name and Si	gnature of Nevada State Fire	Company Name	Date
MarshalLicensed	Are Alarm Contractor Represent	ative:	
F-License#			
All the elevat	ors referenced above ar	e in compliance and respond appro	opriately to the Fire Alarm
Initiating Dev		1 11	1
N 10'	CEL / M. I.	CN	
•	re of Elevator Mechanic	Company Name Holding a Valid C7 License	Date
		vanu C/ License	
Notes/Results	s/Corrections/Renairs		
Tiolos/Result	s, corrections, repairs		