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STATE OF NEVADA - DEPT OF BUSINESS & INDUSTRY - DIVISION OF INDUSTRIAL RELATIONS

Mechanical Compliance Section

- 4600 Kietzke Ln, Suite F-151, Reno, NV 89502 Phone: (775) 688-3750 Email: mcs.reno@business.nv.gov
- 3360 West Sahara Ave., #170, Las Vegas, NV 89102 Phone: (702) 486-9054 Email: mcs.LV@business.nv.gov

NOTIFICATION OF INTENT TO INSTALL TEMPORARY COSMETIC WRAPS

By completing this form, the owner of the elevator declares the following:

- 1. The elevator has a current Nevada operating permit.
- 2. The wrap to be installed:
 - Yes No Meets the requirements of ASME A17.1 2013 edition, section 2.14.
 - Yes No Does not interfere with the operation of the elevator.
 - Yes No Will be installed for a maximum of 90 days.

ALL PORTIONS OF THIS NOTIFICATION MUST BE COMPLETED. THE COMPLETED NOTIFICATION MUST BE FILED WITH THE MECHANICAL COMPLIANCE SECTION PRIOR TO INSTALLATION.									
Owner Name:							Phone:		
Mailing Address: (Street, City, State, Zip)									
Location Name:							Phone:		
Installation Site:							Application Date:		
Name of Person Submitting Application:							Title:		
Phone: Email:									
State ID: NV	temporary cosmetic wrap (Check boxes as appropriate)			Elevator Manufacture Name:	ırer	Elevator Serial Number:	Installation Dates:		
	Cab Panels	Cab Doors	Hoistway Doors				Date of Install	Date of Removal	Total Days