S AL OF THE SECOND SECO

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 Does not interfere with the operation of the elevator.

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	Elevator Components to receive temporary cosmetic wrap (Check boxes as appropriate)			Elevator Manufactur Name:		Elevator Serial Number:	Installation Dates:		
	Cab Panels	Cab Doors	Hoistway Doors				Date of Install	Date of Removal	Total Days