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

Mechanical Compliance Section

Clear Form

● 4600 Kietzke Ln, Suite F-151, Reno, NV 89502 ● **Phone:** (775) 688-3750 ● **Email:** mcs.reno@dir.nv.gov

● 3360 West Sahara Ave., #170, Las Vegas, NV 89102 ● **Phone:** (702) 486-9054 ● **Email:** mcs.LV@dir.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	Elevator Components to receive temporary cosmetic wrap (Check boxes as appropriate)			Elevator Manufacturer Name:	Elevator Serial Number:	Installation Dates:		
	Cab Panels	Cab Doors	Hoistway Doors			Date of Install	Date of Removal	Total Days