



Mechanical Compliance Section

● 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 2019 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