



Mechanical Compliance Section

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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