

Violation Code and Description Continuation

Equipment Specifications

Equipment Type: Electric Elevator Hydraulic Elevator Escalator Other (Specify Below)

Number of Floors:	Date Installed:	Date Modernized:	Date of Last 5 Year Test:	Indicate Type Of Other Equipment:
Capacity: <small>Pounds</small>	Speed: <small>Feet Per Minute</small>	Type of Buffer: <input type="checkbox"/> Oil <input type="checkbox"/> Spring <input type="checkbox"/> Solid		

Test Data

Car Related Tests							Counterweight Related Tests						
Governor Jaw Trip Speed	Over Speed Switch Trip Speed	Speed Related Switch Trip Speed	Rail Marks				Governor Jaw Trip Speed	Over Speed Switch Trip Speed	Speed Related Switch Trip Speed	Rail Marks			
<small>Feet Per Minute</small>	<small>Feet Per Minute</small>	<small>Feet Per Minute</small>	<small>Feet Per Minute</small>	<small>Inches</small>	<small>Inches</small>	<small>Inches</small>	<small>Feet Per Minute</small>	<small>Feet Per Minute</small>	<small>Feet Per Minute</small>	<small>Feet Per Minute</small>	<small>Inches</small>	<small>Inches</small>	<small>Inches</small>

Pull Through	Safety Test @ FPM	Safety Type	<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C	125% Load Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	Terminal Stop	<input type="checkbox"/> A-Normal <input type="checkbox"/> B-Terminal <input type="checkbox"/> C-Emergency
<small>Pounds</small>	<small>Feet Per Minute</small>	<small>Feet Per Minute</small>					

Working Pressure	Relief Valve	Pressure Switch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Terminal Speed Limiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti Creep	<input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Pounds Per Square Inch</small>	<small>Pounds Per Square Inch</small>						

Signature of Person Performing Test.

Name of Person Performing Test	Company Name	Signature (Original Signature Required)	Inspection Date
Mike McBride	OJA	M. Michael McBride	6-23-05

Statement of Elevator Inspector

I certify that the inspection/test for the equipment described above was performed in accordance with Texas Department of Licensing and Regulation rules.

Printed Inspector Name	Inspector Number Issued by TDLR	Signature (Original Signature Required)	Inspection Date
J. Prosniewski	370	J. Prosniewski	6-23-05

Statement of Owner or Owner's Agent

I CERTIFY THAT THE EQUIPMENT DESCRIBED ABOVE HAS BEEN INSPECTED, AND THAT ALL REQUIRED DOCUMENTS AND FEES REQUIRED BY THE TEXAS DEPARTMENT OF LICENSING AND REGULATION ARE ATTACHED.

<u>7-18-05</u> <small>Date Signed</small>	<u>M. Michael McBride</u> <small>Signature of Owner or Owner's Agent (Original Signature Required)</small>
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THE AREA BELOW THIS LINE IS RESERVED FOR DEPARTMENT USE ONLY

INITIAL REVIEW STATUS	INSPECTION DATE	CERTIFICATE ISSUED	DATE RECEIVED



TEXAS DEPARTMENT OF LICENSING AND REGULATION
 P.O. Box 12157 - Austin, Texas 78711-2157
 1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
 www.license.state.tx.us - elevators.escalators@license.state.tx.us

Elevator Equipment Inspection

Pursuant to Chapter 754, Health and Safety Codes, Subchapter B, Inspection, Certification, and Registration

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Report Filing Fee		82010	\$ 30.00		

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

Building Name: TRINITY VALLEY COLLEGE	Building Designation: ORANVILLE PRITTLE ADMIN	TDLR Building ID #: ELBI- 13580
Business Location: STREET ADDRESS MUST BE DESIGNATED BELOW. 100 CARDINAC DR ATHENS, TX 75751		Equipment Decal #: 032884
<small>Number, Street, Suite No., Apt. No.</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>

Owner Name: _____ **Telephone #:** (____) _____

Owner Mailing Address: _____
Number, Street, Suite No., Apt. No. City State Zip Code

Contact Information: (Used for All Correspondence) (P.O. Box is allowed for this address.)
Name: MAX LOGAN **Title:** _____

Mailing Address: _____
Number, Street, Suite No., Apt. No. City State Zip Code

Telephone: 903,675-6214 **Email Address:** _____
 The Department will add your address to the Elevator program email notification list, which automatically provides information from the Department on matters affecting the Elevator program. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link: <http://www.license.state.tx.us/newsletters/TDLRnotificationlists.asp>

Type of Report: (Check ONE Only) Annual Inspection 5 Year Test Alteration New Installation

Violation Code and Description
3040-42 30.00
RECEIVED BY 7-18-06
DATE RECEIVED
BY
POST
VP

Violation Reporting Area Continued on Page 2

This form consists of TWO (2) pages.
 Proceed to Page 2, complete as appropriate and sign the form.

Violation Code and Description Continuation

Equipment Specifications

Equipment Type: <input type="checkbox"/> Electric Elevator <input checked="" type="checkbox"/> Hydraulic Elevator <input type="checkbox"/> Escalator <input type="checkbox"/> Other (Specify Below)				
Number of Floors:	Date Installed:	Date Modernized:	Date of Last 5 Year Test:	Indicate Type Of Other Equipment:
Capacity: <small>Pounds</small>	Speed: <small>Feet Per Minute</small>	Type of Buffer: <input type="checkbox"/> Oil <input type="checkbox"/> Spring <input type="checkbox"/> Solid		

Test Data

Car Related Tests							Counterweight Related Tests						
Governor Jaw Trip Speed	Feet Per Minute	Over Speed Switch Trip Speed	Feet Per Minute	Speed Related Switch Trip Speed	Feet Per Minute	Rail Marks	Inches	Governor Jaw Trip Speed	Feet Per Minute	Over Speed Switch Trip Speed	Feet Per Minute	Rail Marks	Inches
Pull Through	Pounds	Safety Test @ FPM	Feet Per Minute	Safety Type	<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C	125% Load Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	Terminal Stop	<input type="checkbox"/> A-Normal <input type="checkbox"/> B-Terminal <input type="checkbox"/> C-Emergency				
Working Pressure	Pounds Per Square Inch	Relief Valve	Pounds Per Square Inch	Pressure Switch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Terminal Speed Limiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti Creep	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Signature of Person Performing Test.

Name of Person Performing Test <i>Mike McBane</i>	Company Name <i>OJA</i>	Signature (Original Signature Required) <i>A. Michael McBane</i>	Inspection Date <i>6-23-05</i>
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Statement of Elevator Inspector

I certify that the Inspection/Test for the equipment described above was performed in accordance with Texas Department of Licensing and Regulation rules.

Printed Inspector Name <i>J. Prosniewski</i>	Inspector Number Issued by TDLR <i>370</i>	Signature (Original Signature Required) <i>J. Prosniewski</i>	Inspection Date <i>6-23-05</i>
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Statement of Owner or Owner's Agent

I CERTIFY THAT THE EQUIPMENT DESCRIBED ABOVE HAS BEEN INSPECTED, AND THAT ALL REQUIRED DOCUMENTS AND FEES REQUIRED BY THE TEXAS DEPARTMENT OF LICENSING AND REGULATION ARE ATTACHED.

<i>7-18-05</i> <small>Date Signed</small>	<i>M. J. Logan</i> <small>Signature of Owner or Owner's Agent (Original Signature Required)</small>
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THE AREA BELOW THIS LINE IS RESERVED FOR DEPARTMENT USE ONLY

INITIAL REVIEW STATUS	INSPECTION DATE	CERTIFICATE ISSUED	DATE RECEIVED



TEXAS DEPARTMENT OF LICENSING AND REGULATION
 P.O. Box 12157 - Austin, Texas 78711-2157
 1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
 www.license.state.tx.us - elevators.escalators@license.state.tx.us

Elevator Equipment Inspection

Pursuant to Chapter 754, Health and Safety Codes, Subchapter B, Inspection, Certification, and Registration

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Report Filing Fee		82010	\$ 30.00		

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

Building Name: TRINITY VALLEY COLLEGE	Building Designation: Auditorium	TDLR Building ID #: ELBI- 18449
Business Location: STREET ADDRESS MUST BE DESIGNATED BELOW. 100 CARNIVAL DR ATHENS, TX 75751		Equipment Decal #: 059259
<small>Number, Street, Suite No., Apt. No.</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>

Owner Name: _____ **Telephone #:** (____) _____

Owner Mailing Address: _____
Number, Street, Suite No., Apt. No. City State Zip Code

Contact Information: (Used for All Correspondence) (P.O. Box is allowed for this address.)
Name: MAX LOGAN **Title:** _____

Mailing Address: _____
Number, Street, Suite No., Apt. No. City State Zip Code

Telephone: (903) 675-6214 **Email Address:** _____
 The Department will add your address to the Elevator program email notification list, which automatically provides information from the Department on matters affecting the Elevator program. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link: <http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>

Type of Report: (Check ONE Only) Annual Inspection 5 Year Test Alteration New Installation

Violation Code and Description

ACCT # 3040-42 AMOUNT 30.00

RECEIVED BY 7-18-05 DATE RECEIVED

DIV. OF ELEVATOR & ESCALATOR REG. DEAN VP [Signature]

Violation Reporting Area Continued on Page 2

This form consists of TWO (2) pages.
 Proceed to Page 2, complete as appropriate and sign the form.

Violation Code and Description Continuation

Equipment Specifications

Equipment Type: <input type="checkbox"/> Electric Elevator <input type="checkbox"/> Hydraulic Elevator <input type="checkbox"/> Escalator <input checked="" type="checkbox"/> Other (Specify Below)				
Number of Floors:	Date Installed:	Date Modernized:	Date of Last 5 Year Test:	Indicate Type Of Other Equipment:
Capacity: <small>Pounds</small>	Speed: <small>Feet Per Minute</small>	Type of Buffer: <input type="checkbox"/> Oil <input type="checkbox"/> Spring <input type="checkbox"/> Solid	CHARLIFT	

Test Data

Car Related Tests							Counterweight Related Tests						
Governor Jaw Trip Speed	Feet Per Minute	Over Speed Switch Trip Speed	Feet Per Minute	Speed Related Switch Trip Speed	Feet Per Minute	Rail Marks	Inches	Governor Jaw Trip Speed	Feet Per Minute	Over Speed Switch Trip Speed	Feet Per Minute	Rail Marks	Inches
Pull Through	Pounds	Safety Test @ FPM	Feet Per Minute	Safety Type	<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C	125% Load Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	Terminal Stop	<input type="checkbox"/> A-Normal <input type="checkbox"/> B-Terminal <input type="checkbox"/> C-Emergency				
Working Pressure	Pounds Per Square Inch	Relief Valve	Pounds Per Square Inch	Pressure Switch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Terminal Speed Limiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti Creep	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Signature of Person Performing Test.

Name of Person Performing Test <i>Mike McBune</i>	Company Name <i>O+A</i>	Signature (Original Signature Required) <i>F. Michael McHine</i>	Inspection Date <i>6-23-05</i>
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Statement of Elevator Inspector

I certify that the inspection/test for the equipment described above was performed in accordance with Texas Department of Licensing and Regulation rules.

Printed Inspector Name <i>J. P. Wrasniewski</i>	Inspector Number Issued by TDLR <i>370</i>	Signature (Original Signature Required) <i>J. P. Wrasniewski</i>	Inspection Date <i>6-23-05</i>
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Statement of Owner or Owner's Agent

I CERTIFY THAT THE EQUIPMENT DESCRIBED ABOVE HAS BEEN INSPECTED, AND THAT ALL REQUIRED DOCUMENTS AND FEES REQUIRED BY THE TEXAS DEPARTMENT OF LICENSING AND REGULATION ARE ATTACHED.

<i>7-18-05</i> <small>Date Signed</small>	<i>My Employer</i> <small>Signature of Owner or Owner's Agent (Original Signature Required)</small>
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THE AREA BELOW THIS LINE IS RESERVED FOR DEPARTMENT USE ONLY

INITIAL REVIEW STATUS	INSPECTION DATE	CERTIFICATE ISSUED	DATE RECEIVED

Violation Code and Description Continuation

Equipment Specifications

Equipment Type: <input type="checkbox"/> Electric Elevator <input type="checkbox"/> Hydraulic Elevator <input type="checkbox"/> Escalator <input checked="" type="checkbox"/> Other (Specify Below)				
Number of Floors:	Date Installed:	Date Modernized:	Date of Last 5 Year Test:	Indicate Type Of Other Equipment: CHAIRLIFT
Capacity: <small>Pounds</small>	Speed: <small>Feet Per Minute</small>	Type of Buffer:	<input type="checkbox"/> Oil <input type="checkbox"/> Spring <input type="checkbox"/> Solid	

Test Data

Car Related Tests							Counterweight Related Tests						
Governor Jaw Trip Speed	Feet Per Minute	Over Speed Switch Trip Speed	Feet Per Minute	Speed Related Switch Trip Speed	Feet Per Minute	Rail Marks	Inches	Governor Jaw Trip Speed	Feet Per Minute	Over Speed Switch Trip Speed	Feet Per Minute	Rail Marks	Inches

Pull Through	Pounds	Safety Test @ FPM	Feet Per Minute	Safety Type	<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C	125% Load Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	Terminal Stop	<input type="checkbox"/> A-Normal <input type="checkbox"/> B-Terminal <input type="checkbox"/> C-Emergency
Working Pressure	Pounds Per Square Inch	Relief Valve	Pounds Per Square Inch	Pressure Switch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Terminal Speed Limiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti Creep	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Person Performing Test.

Name of Person Performing Test <i>Nile McNamee</i>	Company Name <i>O+A</i>	Signature (Original Signature Required) <i>A. Michael McNamee</i>	Inspection Date <i>6-23-05</i>
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Statement of Elevator Inspector

I certify that the inspection/test for the equipment described above was performed in accordance with Texas Department of Licensing and Regulation rules.

Printed Inspector Name <i>J. Prosenuski</i>	Inspector Number Issued by TDLR <i>370</i>	Signature (Original Signature Required) <i>J. Prosenuski</i>	Inspection Date <i>6-23-05</i>
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Statement of Owner or Owner's Agent

I CERTIFY THAT THE EQUIPMENT DESCRIBED ABOVE HAS BEEN INSPECTED, AND THAT ALL REQUIRED DOCUMENTS AND FEES REQUIRED BY THE TEXAS DEPARTMENT OF LICENSING AND REGULATION ARE ATTACHED.

<small>Date Signed</small>	<small>Signature of Owner or Owner's Agent (Original Signature Required)</small>

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INITIAL REVIEW STATUS	INSPECTION DATE	CERTIFICATE ISSUED	DATE RECEIVED



TEXAS DEPARTMENT OF LICENSING AND REGULATION
 P.O. Box 12157 - Austin, Texas 78711-2157
 1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
 www.license.state.tx.us - elevators.escalators@license.state.tx.us

Elevator Equipment Inspection

Pursuant to Chapter 754, Health and Safety Codes, Subchapter B, Inspection, Certification, and Registration

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Report Filing Fee		82010	\$ 30.00		

Concord

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

Building Name: Trinity Valley College	Building Designation: Drama Dept.	TDLR Building ID #: ELBI- _____
Business Location: STREET ADDRESS MUST BE DESIGNATED BELOW. 100 Cardinal Athens, TX 75751		Equipment Decal #: 059260
<small>Number, Street, Suite No., Apt. No.</small>	<small>City</small>	<small>State</small> <small>Zip Code</small>

Owner Name: _____ **Telephone #:** (____) _____

Owner Mailing Address: _____
Number, Street, Suite No., Apt. No. City State Zip Code

Contact Information: (Used for All Correspondence) (P.O. Box is allowed for this address.)
Name: Max Logan **Title:** _____
Mailing Address: Same
Number, Street, Suite No., Apt. No. City State Zip Code

Telephone: (903) 675-6214 **Email Address:** _____
 The Department will add your address to the Elevator program email notification list, which automatically provides information from the Department on matters affecting the Elevator program. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link: <http://www.license.state.tx.us/newsletters/TDLRnotificationLists.asp>

Type of Report: (Check ONE Only) Annual Inspection 5 Year Test Alteration New Installation

Violation Code and Description

Main line disconnect Reg'd (lockable, fused or breaker'd. 2000. 10#

Violation Reporting Area Continued on Page 2

This form consists of TWO (2) pages.
 Proceed to Page 2, complete as appropriate and sign the form.

Violation Code and Description Continuation

Equipment Specifications

Equipment Type: <input type="checkbox"/> Electric Elevator <input type="checkbox"/> Hydraulic Elevator <input type="checkbox"/> Escalator <input checked="" type="checkbox"/> Other (Specify Below)				
Number of Floors: 2	Date Installed: 1999	Date Modernized:	Date of Last 5 Year Test:	Indicate Type Of Other Equipment: wheel chair Lift
Capacity: 750 <small>Pounds</small>	Speed: 15' <small>Feet Per Minute</small>	Type of Buffer: <input type="checkbox"/> Oil <input type="checkbox"/> Spring <input type="checkbox"/> Solid		

Test Data

Car Related Tests						Counterweight Related Tests													
Governor Jaw Trip Speed	<small>Feet Per Minute</small>	Over Speed Switch Trip Speed	<small>Feet Per Minute</small>	Speed Related Switch Trip Speed	<small>Feet Per Minute</small>	Rail Marks	<small>Inches</small>	Governor Jaw Trip Speed	<small>Feet Per Minute</small>	Over Speed Switch Trip Speed	<small>Feet Per Minute</small>	Rail Marks	<small>Inches</small>						
Pull Through	<small>Pounds</small>	Safety Test @ FPM	<small>Feet Per Minute</small>	Safety Type	<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C	125% Load Test	<input type="checkbox"/> Yes <input type="checkbox"/> No	Terminal Stop	<input type="checkbox"/> A-Normal <input type="checkbox"/> B-Terminal <input type="checkbox"/> C-Emergency	Working Pressure	<small>Pounds Per Square Inch</small>	Relief Valve	<small>Pounds Per Square Inch</small>	Pressure Switch	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Terminal Speed Limiting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Anti Creep	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Person Performing Test.

Name of Person Performing Test John Prosniewski	Company Name Q & A	Signature (Original Signature Required) <i>[Signature]</i>	Inspection Date 1-5-05
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Statement of Elevator Inspector

I certify that the Inspection/Test for the equipment described above was performed in accordance with Texas Department of Licensing and Regulation rules.

Printed Inspector Name Mike McGuire	Inspector Number Issued by TDLR 395	Signature (Original Signature Required) <i>[Signature]</i>	Inspection Date 1-5-05
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Statement of Owner or Owner's Agent

I CERTIFY THAT THE EQUIPMENT DESCRIBED ABOVE HAS BEEN INSPECTED, AND THAT ALL REQUIRED DOCUMENTS AND FEES REQUIRED BY THE TEXAS DEPARTMENT OF LICENSING AND REGULATION ARE ATTACHED.

Date Signed 1-26-05	Signature of Owner or Owner's Agent (Original Signature Required) <i>[Signature]</i>
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INITIAL REVIEW STATUS	INSPECTION DATE	CERTIFICATE ISSUED	DATE RECEIVED



TEXAS DEPARTMENT OF LICENSING AND REGULATION
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Elevator Equipment Inspection

Pursuant to Chapter 754, Health and Safety Codes, Subchapter B, Inspection, Certification, and Registration

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Report Filing Fee		82010	\$ 30.00		

CONCORD

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

Building Name: <u>Trinity Valley College</u>	Building Designation: <u>Drama Dept.</u>	TDLR Building ID #: ELBI- _____
Business Location: STREET ADDRESS MUST BE DESIGNATED BELOW. <u>100 Cardinal Athens, TX. 75751</u>		Equipment Decal #: <u>059259</u>
<small>Number, Street, Suite No., Apt. No. City State Zip Code</small>		

Owner Name: _____ Telephone #: (____) _____

Owner Mailing Address: _____
Number, Street, Suite No., Apt. No. City State Zip Code

Contact Information: (Used for All Correspondence) (P.O. Box is allowed for this address.)

Name: Max Logan Title: _____

Mailing Address: Same
Number, Street, Suite No., Apt. No. City State Zip Code

Telephone: (903) 675-6214 Email Address: _____
 The Department will add your address to the Elevator program email notification list, which automatically provides information from the Department on matters affecting the Elevator program. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link: <http://www.license.state.tx.us/newsletters/TDLRnotificationlists.asp>

Type of Report: (Check ONE Only) Annual Inspection 5 Year Test Alteration New Installation

Violation Code and Description

Main line disconnect Reg'd. (lockable, fused or breaker'd. A17.1 2000.10 i
lighting Reg'd at Threshold (both entrances) to be 5 ft.c. A17.1 2000.6d

Violation Reporting Area Continued on Page 2

This form consists of TWO (2) pages.
 Proceed to Page 2, complete as appropriate and sign the form.

