



CORRECTION AFFIDAVIT

THIS AFFIDAVIT IS ONLY VALID IF COMPLETED BY A STATE LICENSED ELEVATOR CONTRACTOR OR MECHANIC.

A CONVEYANCE OWNER OR OWNER'S AGENT MAY SIGN AND SUBMIT THIS FORM ONLY IF THE WORK WAS PERMITTED TO BE COMPLETED BY THE OWNER.

***PLEASE CONTACT YOUR CONVEYANCE CONTRACTOR WITH QUESTIONS.**

CONVEYANCE NUMBER: _____

BUILDING/LOCATION NAME: _____

ADDRESS: _____

I certify that the violations listed below were corrected Date corrected

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |

Elevator Contractor/Mechanic Name
(Please Print)

License Number

Elevator Contractor/Mechanic Signature

Date

Elevator Company Name

OR

Conveyance Owner /Agent
(Please Print)

Conveyance Owner/Agent Signature

Date

Email to: Elevator@NWCCOG.org

Date Received by NWCCOG