



# 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](mailto:Elevator@NWCCOG.org)**

\_\_\_\_\_  
Date Received by NWCCOG