

3RD PARTY INSPECTION NOTIFICATION FORM

PLEASE PROVIDE THE NECESSARY INFORMATION RELATED TO REQUIRED
WITNESSING OF TESTS FOR SCHEDULED INSPECTIONS

SITE NAME:	
SITE ADDRESS:	
SITE CITY:	COUNTY:

REGISTRATION NUMBERS:

U1	U2	U3	U4	U5	U6	U7	U8

TYPE OF INSPECTION/TEST:

- ☐ 5 YEAR ELEVATOR UNIT
- ☐ 1 YEAR ELEVATOR UNIT
- ☐ ESCALATOR

INSPECTION DATE:	TIME:
3RD PARTY COMPANY:	
3RD PARTY INSPECTOR:	PHONE:
ELEVATOR COMPANY:	PHONE:
DATE SUBMITTED:	

Submit form(s) to: **PATRICIA.GRANT@MARYLAND.GOV**