



ELV29: Elevator Affirmation of Correction

Must be typewritten.

PLEASE CHECK ONE:

- PVT Violation
- Annual Periodic Test / Category 1 (ELV3) Unsatisfactory Item

Instructions:

Approved Inspection Agency Elevator Inspectors and Directors must use this form to certify that all unsatisfactory items identified during an annual periodic inspection (Category 1) have been corrected within 45 days following the date the inspection report was submitted to the elevator division. Additionally, this certification must be filed within 15 days following the completion of repairs. **These rules are not applicable when certifying corrections of a PVT violation.**

The form may be submitted in person or mailed to the NYC Department of Buildings, Elevator Division, 4th floor, 280 Broadway, New York NY 10007.

1 Place of Occurrence

House No(s) _____ Street Name _____

Borough _____ Zip Code _____

2A PVT Violation Device Information
*(Do not use for Category 1 corrections—See 2B)***REQUIRED:**

- I have attached a sworn/affirmed statement describing the work done to correct the violating condition(s). In addition, I have attached a copy of all permits, bills, receipts, photographs and/or other documentary proof that the violating condition(s) has/have been corrected or have been explained in my statement why such are not available.
- I have attached a copy of PVT violation.

Device Number: _____

Date Violation Issued: _____

PVT Violation Number: _____

2B Annual Periodic Test Device Information
*(Do not use for PVT Violation information—See 2A)***REQUIRED:**

- I have attached a sworn/affirmed statement describing the work done to correct the violating condition(s). In addition, I have attached a copy of all permits, bills, receipts, photographs and/or other documentary proof that the violating condition(s) has/have been corrected or have been explained in my statement why such are not available.
- I have attached a copy of my initial ELV-3 form.

Device Number: _____

Date Report Filed: _____

Date of Inspection: _____

3 Statements and Signatures

I, _____, a certified elevator inspector working for _____, duly
 (Print Name of Elevator Inspector) (Approved Elevator Agency Name)

Swear under penalty of perjury, that I have reviewed and inspected the device listed on violation and/or annual periodic test report on _____/_____/_____ and that all conditions listed have been corrected.
 (date)

 (Inspector Signature)

 (Certification #)

Sworn to under penalty of perjury

Notary Stamp:

Before me this _____ day of _____

 (Notary Public Signature)

False certification is a criminal misdemeanor under sections 28-203.1.1 and 28-211.1 of the NYC Administrative Code, punishable by up to 1 year imprisonment and/or fine of up to \$25,000. It is also punishable with a civil penalty of up to \$25,000.

Owner's Name / Print: _____ Agency Directors Name / Print: _____

Owner's Signature: _____ Agency Directors Signature: _____

Address: _____ Agency Director License Number: _____

Telephone Number: _____ Telephone Number: _____