



Elevator Batch Intake Form (EBI1)

Must be typewritten.

This form should be used when processing 5 or more reports.

Agency #:

Period Covering (one filing yr):

Business Name:

CATEGORY	DEVICE #	BLOCK	LOT	CHECK #	AMOUNT	Total # of Reports (Cat 1):	
1)						Total Cat 1 Payment:	\$
2)						Total # of Reports (Cat 3 & 5):	
3)						Total Cat 3 & 5 Payment:	\$
4)						Total # of Reports (AOC):	
5)						Total AOC Payment:	\$
6)						Total # of Reports (PVT-AOC):	
7)						Total PVT-AOC Payment:	\$
8)						Total # of Reports (Waivers):	
9)						Total Waivers(EWP) Payment:	\$
10)							
11)						GRAND TOTAL PAYMENT :	\$
12)						(FOR OFFICE USE ONLY)	
13)						DATE & TIME STAMP:	
14)							
15)							
16)							
17)							
18)							
19)							
20)							
21)							
22)							
23)							
24)							
25)							
26)							
27)						(MUST PRINT DATE AND BIS ID)	
28)						RECEIVED BY CFB:	
29)						BIS ID:	
30)						(FOR OFFICE USE ONLY)	
31)						(MUST PRINT DATE AND BIS ID)	
32)						RECEIVED BY CASHIER:	
33)						BIS ID:	
34)						(FOR OFFICE USE ONLY)	
35)						(MUST PRINT DATE AND BIS ID)	
36)						RECEIVED BY ELEV UNIT:	
37)						BIS ID:	
38)							
39)							
40)							

This form must be mailed to the Central Filing & Billing Unit located at 280 Broadway 6th fl NY, NY 10007

FEE SCHEDULE

Category 1: \$30 per device

Category 3 & 5: \$40 per device

Waiver of Civil Penalties Form (EWP): \$35 per device

FEE SCHEDULE

AOC & PVT-AOC: \$40 per violation