

**State of Connecticut – Bureau of Elevators**  
**Schedule Inspection Request**

**TO:** Nancy DiMitruck

**EMAIL:** [ctelevators@ct.gov](mailto:ctelevators@ct.gov)

**Date:** \_\_\_\_\_

**FAX:** 860-713-7422

**ELEVATOR COMPANY NAME:** \_\_\_\_\_

**CONTACT NAME/ PHONE NUMBER:** \_\_\_\_\_

**JOB NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_

**ELEVATOR REGISTRATION #:** \_\_\_\_\_

**VARIANCE APPROVED (IF REQUIRED) Y/N** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE CHECK TYPE OF TEST/INSPECTION**

**NEW ACCEPTANCE:** \_\_\_\_\_ **RE-INSPECTION** \_\_\_\_\_

**MODERNIZATION:** \_\_\_\_\_ **RE-INSPECTION** \_\_\_\_\_

**PERIODIC:** REPAIR REPLACEMENT REASON \_\_\_\_\_

**DATE REQUESTING/WEEK OF:** \_\_\_\_\_

**AUTHORIZATION OF OVERTIME (IF NEEDED)** \_\_\_\_\_