

WEST VIRGINIA DIVISION OF LABOR
1900 KANAWHA BOULEVARD EAST
STATE CAPITOL COMPLEX – BUILDING 3, ROOM 200
CHARLESTON WV 25305
PHONE (304) 558-7890 • FAX (304) 558-2415
www.labor.wv.gov

CERTIFICATION OF COMPLIANCE AND APPLICATION FOR CERTIFICATE OF OPERATION

Name of Building Owner/Agent: _____

Address: _____

EV Account Number: _____

Elevator Maintenance Company Name: _____

Serial Number: _____ Inspection Date: _____

We do hereby certify that all violations listed in the last inspection report have been
corrected: (List all corrections below – Should correspond with violations listed on inspection report)

(Name of Elevator Owner or Owner Representative – Please Print)

(Name of Person Making Repairs – Please Print)

(Signature)

(Signature of Person Making Repairs)

(Date)

(Mechanic License Number)

(Date)

Return this form to the address above
within 30 days of inspection date.

Form #605
Revision Date 7/26/17