



TEXAS DEPARTMENT OF LICENSING AND REGULATION
Application Instructions for
Elevator/Escalator Certificate of Compliance

P. O. Box 12157 920 Colorado
Austin, TX 78711 Austin, TX 78701

(800) 803-9202
(512) 463-6599
FAX: (512) 475-2871

www.license.state.tx.us
elevators_escalators@license.state.tx.us

REQUIREMENTS FOR OBTAINING A CERTIFICATE OF COMPLIANCE

The Texas Health and Safety Code, Chapter 754, requires building owners to obtain an annual safety inspection on all elevators, escalators and related equipment every 12 months, or possibly be subject to administrative penalties of up to \$5,000 for each violation of this law. **THE BUILDING OWNER IS RESPONSIBLE FOR HIRING A QUALIFIED ELEVATOR INSPECTOR (QEI) TO PERFORM THE INSPECTION.** A list of inspectors is available on our website at www.licensestate.tx.us/LicenseSearch.

The building owner is responsible for submitting each year, within 60 days of the date of inspection, (late fees will be assessed after 90 days from the inspection date) the following documentation and fees:

- A. Elevator Equipment Inspection Form (original from inspector), for each elevator, escalator or piece of related equipment.
1. The Owner must complete the Owner and Contact Person information on the front of the form and sign and date the back of the form.
 2. The Inspector will fill out the Violation Code and Description section, and the Equipment Specifications. The person performing the test and the Inspector both must sign and date the back of the form.
- B. Filing Fees (fees must be submitted by Owner)
1. A fee of \$30 for each piece of equipment.
 2. Delay/Waiver fee of \$50 per violation (if applicable)
 3. Late fee of \$10 per 30 days over the 90th day from date of inspection (if applicable)
- Total amount of all fees owed paid by check made payable to: Texas Department of Licensing & Regulation

IF YOU HAVE ANY VIOLATIONS LISTED ON YOUR REPORT:

- C. Violation status letter: This letter must come from the Owner or Owner's Agent and must state that either:
1. All violations have been corrected, or
 2. Are under contract to be corrected within 60 days of inspection date.

IF ALL VIOLATIONS ARE NOT CORRECTED OR UNDER CONTRACT TO BE CORRECTED, YOU MUST SUBMIT:

- D. An Application for Delay, fully completed, for violations not under contract to be corrected, with a request to delay compliance until a specific date; plus a \$50 Delay Fee per violation.

OR

E. An Application for Waiver, fully completed, for an indefinite suspension of specific violations unable to be corrected (due to building being classified as historic, or noncompliance being due to structural components of the building; and, evidence that noncompliance will not constitute a significant threat to passenger safety and, with adequate alternative safeguards, will not constitute a threat to worker safety); plus a \$50.00 Waiver fee per violation. Pictures of violation requiring waiver must be included with application.

- F. Send completed Equipment Inspection Form(s) along with documentation and fees to:
Texas Department of Licensing & Regulation, P.O. Box 12157 - Austin, TX 78711

J's QEI Elevator Inspections

Jim McCarty

271 Gruetzner Lane
Elgin, Texas 78621

Office: 512-281-4930 Cell: 512-844-4159
Fax: 512-281-2453 e-mail: jsqei@earthlink



Elevator Equipment Inspection

Pursuant to Chapter 754, Health and Safety Codes, Subchapter B, Inspection, Certification, and Registration

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

| FEE | RECEIPT NUMBER | EVENT CODE | FEE AMOUNT | PMT. AMOUNT | MONEY TYPE |
|-------------------|----------------|------------|------------|-------------|------------|
| Report Filing Fee | | 82010 | \$ 30.00 | | |

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

| | | | |
|--|--|------------------------|---|
| Building Name: <u>LAKE TRAVIS SCHOOL ADMINISTRATION</u> | | Building Designation: | TDLR Building ID #: <u>ELBI- 15902</u> |
| Business Location: STREET ADDRESS MUST BE DESIGNATED BELOW. <u>3322 RR 620 SOUTH AUSTIN</u> | | <u>TX</u> <u>78734</u> | Equipment Decal #: <u>000509</u> |
| <small>Number, Street, Suite No., Apt. No. City State Zip Code</small> | | | |

Owner Name: _____ Telephone #: (512) 533-6064

Owner Mailing Address: _____
Number, Street, Suite No., Apt. No. City State Zip Code

Contact Information: (Used for All Correspondence) (P.O. Box is allowed for this address.)

Name: FRANK CONTRERAS Title: _____
 Mailing Address: 3322 RR 620 Lake Travis 78738
Number, Street, Suite No., Apt. No. City State Zip Code

Telephone: 512, 533-6064 Email Address: _____
Department will add your address to the Elevator program email notification list, which automatically provides information from the Department on matters affecting the Elevator program. Your email address is confidential pursuant to the Texas Public Information Act and the Department will not share it with the public. See additional information at the following link: <http://www.license.state.tx.us/newsletters/TDLRNotificationLists.asp>

Type of Report: (Check ONE Only) Annual Inspection 5 Year Test Alteration New Installation

Violation Code and Description

- A17.3-3.4.5(d) EMG LIGHT IN ELEVATOR
- A17.3-3.7.1 CAPACITY PLATE IN ELEV CAR IS MISSING.
- UNDER CONTRACT with KONE DAN myler to fix Frank Contreras 02/02/07

Violation Reporting Area Continued on Page 2

This form consists of TWO (2) pages.
 Proceed to Page 2, complete as appropriate and sign the form.

