

Department of Industrial Relations  
Division of Occupational Safety and Health  
ELEVATOR UNIT



**ANNUAL AND 5 YEAR TEST NOTIFICATION FORM**

Today's Date: \_\_\_\_\_

Elevator Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**TEST LOCATION:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Building Name: \_\_\_\_\_

**TEST DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **Is this a rescheduling Notification:** \_\_\_\_\_

Mechanic Performing Test: \_\_\_\_\_ Lic. expire date: \_\_\_\_\_

Number of Units: \_\_\_\_\_

**California State ID Number:**


**Check All That Apply:**

Group 3       Group 4

Cable Traction

Hydroelectric

Roped  
Hydroelectric

Prepared by: \_\_\_\_\_