



VOID "CERTIFICATE OF INSPECTION" CORRECTION AFFIDAVIT

**THIS FORM IS TO BE COMPLETED BY THE CONTRACTOR OR THE MECHANIC WHO
MADE THE CORRECTIONS AND SUBMITTED TO:**

**NORTHWEST COLORADO COUNCIL OF GOVERNMENTS (NWCCOG)
PO BOX 2308, SILVERTHORNE CO 80498 OR ELEVATOR@NWCCOG.ORG**

*** THIS AFFIDAVIT IS ONLY VALID IF COMPLETED BY A STATE
LICENSED ELEVATOR CONTRACTOR OR MECHANIC**

CONVEYANCE NUMBER: _____

BUILDING/LOCATION NAME: _____

ADDRESS: _____

I certify that the violations listed below were corrected	Date corrected
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Elevator Contractor Name
(Please Print)

Elevator Contractor License Number

Elevator Contractor Signature Date

Elevator Company Name

OR

Elevator Mechanic Name
(Please Print)

Elevator Mechanic License Number

Elevator Mechanic Signature Date

Elevator Company Name

ISSUE "CERTIFICATE OF INSPECTION" BASED ON THIS AFFIDAVIT:

NWCCOG Signature

Date