



**ELEVATING DEVICE INSTALLERS
REQUEST FOR ACCEPTANCE INSPECTION
DECLARATION**

Requested Inspection Date: _____
Unit Installation Number: _____
Installation Building Name: _____
Installation Address: _____
Type of Inspection: New Altered Type of Device: _____

Part. A: (Note Only Part A or B needs to be completed)

I declare this elevating device complies with the following:

1. *Safety Codes Act and Elevating Devices Code Regulations*
2. *Professional Engineer drawings and instructions*
3. *Data Sheet (completed/attached)*
4. *Safety Inspection Checklist Guide (completed/attached)*

Yes

No If "No" Explain why the installation doesn't comply:

Part. B:

I declare this elevating device complies with the following:

1. *Safety Codes Act and Elevating Devices Code Regulations*
2. *Professional Engineer drawings and instructions*
3. *Elevator Installer's own Data/Commissioning Sheet (completed/attached)*
4. *Safety Inspection Checklist Guide (completed/attached)*

Yes

No If "No" Explain why the installation doesn't comply:

General Instructions:

1. Devices Specific forms must be used and can be obtained from AEDARSA website: www.AEDARSA.com
2. This declaration must be accompanied by the owner's/general contractor's declaration and checklist
3. An AEDARSA Safety Codes Officer will determine if an inspection can be carried based on the information provided

Requested by Elevating Device Installer

Name of Company: _____ Telephone Number _____

Signature of Company Elevator Constructor or Professional Engineer

(Print): _____ (Signature): _____

Elevator Constructors or P. Eng. # _____ Date _____

ANY CANCELLATIONS OR RE-INSPECTIONS WILL BE SUBJECT TO ADDITIONAL FEES