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|  | **Commonwealth of Massachusetts****Division of Occupational Licensure****Office of Public Safety and Inspections****ELEVATOR WORK ORDER ATTESTATION** **NOTICE OF COMPLETION****Please e-mail completed form to elevator.repair@mass.gov** |

**This form may only be used to report abated work that does not require a permit per 524 CMR, Sections 10.01 and 10.02.**

**Date:**

**Elevator address:**

**Elevator State ID number:**

**Date of Annual Inspection:**

**Annual Inspection Number (from Notice of Violation):**

**Elevator Company Name:**

**I attest that the following violations were repaired by a licensed Massachusetts Elevator Mechanic:**

**List the Violation(s) repaired, and applicable codes if cited on the Notice of Violation:**

**Elevator Company’s Massachusetts Registration Number:**

***By submitting this Notice of Completion, the Elevator Company listed above attests that the violation(s) cited at the Annual Inspection, itemized on the Notice of Violation, and listed above have been repaired by an Elevator Mechanic who holds a current Elevator Mechanic’s License issued by the Commonwealth of Massachusetts. I understand that the failure to complete the ordered work and submit this form within 90 days of the annual inspection will result in the elevator being shut down.***

***By submitting this attestation, I swear under the pains and penalties of perjury that all information contained in the attestation is true and accurate to the best of my knowledge and understanding.***

**Elevator Company Representative’s Signature:**

***By typing your name above you agree that it is valid as your signature.***

**Elevator Company Representative’s Email:**

**Elevator Company Representative’s Cell Phone Number:**

**Please complete this form and e-mail to** **elevator.repair@mass.gov** **within 90 days of the annual inspection.**