



**ELEVATOR SECTION**  
**ELEVATOR SAFETY TEST CERTIFICATION**  
221 N. Figueroa Street, 4<sup>th</sup> Floor, Los Angeles, CA 90012  
Phone: (213) 202-9844; Fax: (213) 202-9922

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**JOB ADDRESS:** \_\_\_\_\_

**ELEVATOR COMPANY NAME:** \_\_\_\_\_

**ELEVATOR INSPECTOR/JOURNEYMAN MECHANIC PERFORMING TEST:**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_ **JOURNEYMAN'S LIC #/CERT OF COMP #:** \_\_\_\_\_

**ELEVATOR STATE #:** \_\_\_\_\_

**DATE OF TEST:** \_\_\_\_\_

**12 MONTH TEST** [ ]

**60 MONTH TEST** [ ]

This elevator passed [ ], failed [ ], the tests required by ANSI A17.1, Section 1001 for an Elevator Safety. I certify that I have witnessed the test, and the foregoing information is correct, and submit this document in compliance with ANSI Rule 1001.1(c) exception (1).

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_