



**CYPRUS CERTIFICATION COMPANY
Lifts Approved Inspection Company**

APPLICATION FORM FOR LIFTS

Application Date						
Name of owner of the building or Management Committee						
Name of authorized representative or admin						
Contact Person name						
Telephone number						
Fax						
Email address						
Invoicing Information (for quotation and invoicing purpose)	Name: Address: Tel. Fax: Email:					
Address of Building were the lifts are installed						
	1	2	3	4	5	6
TYPE OF ELEVATOR MOVEMENT EL = electrical PL = plumber						
TYPE OF USE LIFT TR= Transfer of Person TO= Transfer object only PO= Transfer Person + Goods						
Lifts Stops & Floors Building						
MAKE of Lift (Complete one column per lift)						
Lifts Installer						
Lifts' Maintenance Company						
Date of Installation						
Date of renovation (if applicable)						
CE MARKING records available?						
Last audit report by Department of Labour Inspection, available?						
Desired date of Inspection						

Name :

Signature

PLEASE COMPLETE ALL THE APPLICATION DETAILS

Address: 30 Costa Anaxagora Str., 4th Floor, 2014 Strovolos Nicosia, Cyprus
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