



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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APPLICATION FOR: Elevator or Escalator Delay or Waiver
PURSUANT TO CHAPTER 754, HEALTH AND SAFETY CODE

Do Not Write in the Fee Area Immediately Below

Table with 3 columns: RECEIPT NUMBER, PMT. AMOUNT, MONEY TYPE

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK. FILE THIS FORM WITH THE CORRECT FEE OF \$50.00 PER DELAY OR WAIVER REQUESTED

Form with fields: BUILDING NAME, BUILDING DESIGNATION, INSPECTION DATE, BUILDING ADDRESS, TDLR Building ID#, ELBI, CITY, STATE, TEXAS, ZIP

REASON FOR REQUESTING DELAY OR WAIVER

LIST SPECIFIC VIOLATION(S) REQUESTING TO BE DELAYED OR WAIVED

Table with 4 columns: TXE DECAL #, YEAR INSTALLED OR MODERNIZED, CODE RULE # AND DESCRIPTION, DELAY UNTIL DATE OR WRITE "WAIVER"

BY SIGNING THIS APPLICATION, I CERTIFY THE ABOVE IS TRUE AND CORRECT.

OWNER OR AGENT FOR OWNER SIGNATURE DATE
BUILDING OWNER OR REPRESENTATIVE MUST REPORT ALL ACCIDENTS INVOLVING EQUIPMENT TO THE DEPARTMENT, USING A DEPARTMENT APPROVED FORM, BY THE FASTEST MEANS AVAILABLE AND IN WRITING WITHIN 24 HOURS.