



TEXAS DEPARTMENT OF LICENSING AND REGULATION

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Elevator Test Data Tag Order

Pursuant to Chapter 754, Health and Safety Code

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE Description	RECEIPT NUMBER	PMT. AMOUNT	MONEY TYPE
Test Tag Fees			

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

1. **Inspector's Full Name:** _____
Last First Middle

2. **Texas Elevator Inspector Number:** _____

3. **Certification Number:** _____ **Issue Date:** _____ **Expiration Date:** _____

4. **Address where Tags are to be mailed:**

Number, Street, Suite No., Apt. No.

City State Zip Code Country (_____) _____
Area Code Phone Number

Order Tag Sets Below

Event Code	Item Description	Number of Sets	Amount
02090	Test Tags (sold ONLY in sets of 100)		Multiply by \$200.00 per set and enter amount →→→
			PAY THIS EXACT AMOUNT ↑↑↑↑↑↑