



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

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ELEVATOR or ESCALATOR DELAY or WAIVER

Pursuant to Chapter 754, Health and Safety Code

THIS FORM MUST BE ACCOMPANIED BY A FEE OF \$50.00 FOR EACH DELAY OR WAIVER REQUESTED.

Building Name:

Building Designation/Additional Elevator Location Information:

Inspection Date:

Building Address:

ELBI Number:

Number/Street Name/Suite or Apartment Number/City/State/Zip Code

REASON FOR REQUESTING DELAY OR WAIVER

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

TXE DECAL NUMBER	YEAR INSTALLED OR MODERNIZED	CODE RULE NUMBER 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.

AREA BELOW IS FOR DEPARTMENT USE ONLY – DO NOT WRITE IN THIS AREA

APPROVED	DENIED	DEPARTMENT COMMENTS:
REVIEWED BY	DATE	