

TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157 www.tdlr.texas.gov

EQUIPMENT DEMOLITION FORM				
NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.				
ELBI#:		Building Name:		
Building Physical Address:				
Street Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code				
TYF Dec	Type of Unit (Electric, Hydraulic,			
# Remove	ed from Site	Escalator, Moving Walk, LULA, Wheelchair Lift)	Comments (If Necessary)	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
BY SIGNING THIS FORM, I CERTIFY THE ABOVE IS TRUE AND CORRECT.				
BY GIGINING THIS FORM, FOLKTIFF THE ABOVE TO TROLE AND GORREGT.				
Inspector Name (Printed)			TDLR INSP LIC #	
Inspector Signature			Date	
THIS FORM MUST BE FILED DIRECTLY WITH THE COMPLIANCE DIVISION – ELEVATOR/ESCALATOR SAFETY PROGRAM AT <u>ELEVATOR@TDLR.TEXAS.GOV</u>				