



# TEXAS DEPARTMENT OF LICENSING & REGULATION

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

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)

## INSTALLATION PLACED OUT OF SERVICE FORM

THIS IS ACCORDING TO ASME A17.1-2016 SECTION 8.11.1.4 OR ASME A18.1-2005 SECTION 10.1.5.

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

#	TXE Decal #	Type of Unit (Electric, Hydraulic, Escalator, Moving Walk, LULA, Wheelchair Lift)	Comments (If Necessary)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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

Inspector Name (Printed)

TDLR INSP LIC #

Inspector Signature

Date

THIS FORM MUST BE FILED DIRECTLY WITH THE COMPLIANCE DIVISION – ELEVATOR/ESCALATOR SAFETY PROGRAM AT  
[ELEVATOR@TDLR.TEXAS.GOV](mailto:ELEVATOR@TDLR.TEXAS.GOV)