



## LICENSED LIMITED INSTALLER EXPERIENCE QUESTIONNAIRE

For the City of Buffalo Elevator Inspections License as defined by Chapter XI, Article 10, Sections 163 through 178 – Fire Prevention and Building Code.

Submitted to \_\_\_\_\_

By \_\_\_\_\_  
Corporation \_\_\_\_\_ Co-Partnership \_\_\_\_\_ An Individual \_\_\_\_\_

Principal Office \_\_\_\_\_

The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

1. How many years have you and/or your organization been a lift installer/individual and/or company? \_\_\_\_\_
2. How many years experience \_\_\_\_\_ in ASME A 18.1 SAFETY STANDARD FOR PLATFORM LIFTS AND STAIRWAY CHAIRLIFTS installation/maintenance work do you and/or your organization have? (a) Attach education credits \_\_\_\_\_ (b) Attach NEIEP certificates (c) mechanics certificates \_\_\_\_\_ (d) (e) Will you complete City of Buffalo elevator installer exam? \_\_\_\_\_

3. What projects have you and/or your organization installed/maintained?  
List Type                      Completion                      Customer                      Address  
of Equip.                      Date                      Name

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4. Have you and/or your organization ever failed to complete any work awarded? If so, where and why?

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5. Have you and/or any officer or partners of your organization ever been an officer or partner of some other organization that failed to complete an elevator installation/maintenance contract? If so, state name of individual, other organization, and reason therefore.

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6. In what other lines of business do you and/or your organization have financial interest?

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7. For what corporations or individuals have you and/or your organization performed work, and who should be contacted for references?

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8. For what municipalities have you and/or your organization performed work, and who should be contacted for references?

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9. For what counties have you and/or your organization performed work, and who should be contacted for references?

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10. For what state bureaus or departments have you and/or your organization performed work, and who should be contacted for references?

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11. Have you and/or your organization ever performed work for the U.S. government? If so, who should be contacted for references?

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12. What is the ASME A 18.1 SAFETY STANDARD FOR PLATFORM LIFTS AND STAIRWAY CHAIRLIFTS installation/maintenance experience of all principal individuals of your organization?

<b>Individuals Name</b>	<b>Job Title</b>	<b>Years of Experience</b>	<b>Possession of NEIEP Certificate?</b>	<b>Date Issued &amp; Certification #.</b>
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13. Are you and/or any principal of this organization, corporation and/or partnership or a member of his immediate family employed by the City of Buffalo? \_\_\_\_\_ If yes, what department? \_\_\_\_\_  
Name of City Employee \_\_\_\_\_.

**ATTACH ALL APPLICABLE CERTIFICATES AND EDUCATION DOCUMENTATION WITH THIS APPLICATION**

Dated this day \_\_\_\_\_ of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Name of Individual and/or Organization

By: \_\_\_\_\_

\_\_\_\_\_  
Title of Person Signing

State of \_\_\_\_\_

County of \_\_\_\_\_ ss: \_\_\_\_\_

\_\_\_\_\_ being duly sworn deposes and says that he is \_\_\_\_\_

\_\_\_\_\_  
Name of Individual and/or Organization

And that answers to the foregoing questions and all statements therein contained are true and correct.

Sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_

Approved by The Commissioner of Economic Development Permit and Inspection Services

on \_\_\_\_\_

\_\_\_\_\_  
Signature