INVOICE/DEFICIENCY NOTICE

Date: ______________________
Attn: ______________________

Dear Building Owner or Manager,

This invoice is for the State required **Annual Certificate of Operation** per the Mississippi Conveyance Safety Act-HB 817.

The charge for a certificate is $75.00 per elevator or escalator. Please select the statement that best reflects your current status concerning the correction of any violations and return this letter with your payment. **Remember, fees are $75.00 per unit.** After payment is received we will issue an Annual Certificate for each elevator/escalator. The total amount due: ___ x $75.00=$ _______

The Elevator inspection report(s) showing code violations of your elevator/escalator equipment are enclosed. When these deficiencies (violations) have been corrected or scheduled to be corrected; sign below by your chosen statement and submit your payment along with this letter to:

Elevator Safety Division
PO Box 79
Jackson, MS 39205

Please call me if you have any questions.

Gary Brewer
601-359-9497
Elevator Safety Division

Deficiencies were corrected on __________(Date)  Signature_________________________

Deficiencies are scheduled to be corrected by __________(Date);
Signature___________________________