



CORRECTED VIOLATION(S) FORM

Please list one Invoice per sheet.

Inspection Date: ___/___/___ Report #: _____ Invoice #: _____ State #: _____

of Violations Cited: _____ # Corrected _____

Corrected by: _____ Date: _____

Company/Address: _____
(City/State/Zip)

Signature: _____ PH# ___/___-___ Date: _____
(Signing constitutes your agreement to produce documentation of proof)

**Remit to: NC Department of Labor
Elevator and Amusement Device Bureau
1101 Mail Service Center
Raleigh, NC 27699-1101
Or
Fax to: 919-807-2777
Or**

Complete and submit this form online via our website at <http://www.nclabor.com/elevator/elevator.htm>