Elevator/Escalator Handover Certificate Form

Project Details

Project Name				
Location				
Contract No.				
Date				
Equipment Da	taila			
Equipment De	etans			
Type (Elevator/Escalator)	Model/ID	Capacity	No. of Units	Remarks
Parties Involve	ed			
Contractor (Company Na	ame)			
Representative Name				
Signature				
Client (Company Name)				
Representative Name				
Signature				

Consultant (if any)

Representative Name	
Signature	
Comments / Notes	
Acceptance & Confirmation	
Accepted By	
Date	