



Colorado Department of Labor and Employment
Division of Oil and Public Safety – Conveyance
Program
633 17th Street, Suite 500
Denver, CO 80202-3610

Phone: 720-594-8367
Fax: 303-318-8534
Email: cdle_conveyance@state.co.us
Web: ops.colorado.gov

Instructions: Completing a Correction Affidavit for a Temporary Certificate of Operation

Approximately 30% of the Certificates of Operation the OPS Conveyance Program issues are Temporary Certificates of Operation (TCOs).

The Conveyance Program issues TCOs when:

- An inspector has indicated certain violations on the inspection report.
- Outstanding violations were not corrected from the previous year's inspection report.
- We have received the inspection report and certificate fee (\$30.00 per conveyance).

Page 2 of the TCO is the Correction Affidavit. In order for the Conveyance Program to issue an annual Certificate of Operation, we must receive either the completed Correction Affidavit or a re-inspection report.

If you choose to submit the Correction Affidavit, the licensed conveyance contractor, licensed conveyance mechanic or the building owner/owner's agent may complete and send it to the Conveyance Program via email; no additional fees are required.

An example of a Correction Affidavit is on the next page. The words in **pink** indicate the type of information required on the form.

If you have any questions regarding Temporary Certificates of Operation or Correction Affidavits, please contact one of the following Conveyance Program team:

Karen Klaversma

720-594-8367

cdle_conveyance@state.co.us



DEPARTMENT OF LABOR AND EMPLOYMENT

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CONVEYANCE SECTION
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TEMPORARY CERTIFICATE OF OPERATION CORRECTION AFFIDAVIT

THIS FORM IS TO BE COMPLETED BY AND SUBMITTED TO THE DIVISION OF OIL AND PUBLIC SAFETY (OPS) BY THE BUILDING OWNER/MANAGER, THE MECHANIC WHO MADE THE CORRECTIONS, OR THE CONTRACTOR EMPLOYING THE MECHANIC.

1111 TEST STREET
1111 TEST ST
AGATE CO 00001

Facility ID#: 32269
Conveyance ID#: CP15-000213
Inspector: DAVID HARRIS

The individual signing below certifies under civil and criminal penalties for making a false submission to the State of Colorado, that the violation(s) were corrected in accordance with Division of Oil and Public Safety requirements on THE DATE THAT THE WORK WAS COMPLETED (date of correction)

Inspection Date: Sep 01, 2015

TCO Expiration Date: 12/16/2015

Violations:

Emergency phone does not give location.
Phase I fire service not working properly.

CONVEYANCE CONTRACTOR:

COMPANY NAME FOR CONTRACTOR THAT PERFORMED THE WORK (CENTRIC, KONE, OTIS, SCHINDLER, THYSSENKRUPP, ETC.)

PLEASE PRINT (Required)

CONVEYANCE MECHANIC:

LICENSED MECHANIC NAME (IF KNOWN)

PLEASE PRINT (Required)

CONVEYANCE OWNER/OWNERS AGENT:

IF THE OWNER OR MANAGER COMPLETED THIS FORM, PRINT YOUR NAME HERE

PLEASE PRINT

SIGN, CHECK THE APPROPRIATE BOX AND ENTER THE DATE THIS FORM WAS COMPLETED.

x _____

Date: _____

Signature of Contractor Mechanic or Owner/Owners Agent
Please check one