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DEPARTMENT OF LABOR AND EMPLOYMENT

Division of Oil and Public Safety

Conveyance Section

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April 15, 2013

AZIZ REHMAN
SCHINDLER ELEVATOR CORP
20 WHIPPANY ROAD
P.O. BOX 1935
MORRISTOWN, NJ 07962-1935

RE: **Approval of Alternate Materials and Methods Request**

Schindler Elevator has requested a variance from ASME A17.1 2007 which does not recognize the installation of non-circular suspension members that are to be installed in conjunction with the Miconic TX gearless drive machine. Schindler Elevator has submitted information showing that the non-circular suspension members installed in conjunction with the Miconic TX gearless drive machine meet the minimum requirements as listed in ASME A17.1 2010 and ASME A17.6. This request is approved by the Division of Oil and Public Safety (OPS) and is contingent on the following conditions.

- Non-circular suspension members that are to be installed in conjunction with the Miconic TX FMM200 gearless machine must be of only one size, STM, PV-60 as listed in the design documents submitted to OPS.
- Schindler Elevator will conduct training for the installation and maintenance of the aforementioned unit and suspension means to mechanics and provide training for State licensed inspectors. The training for inspectors may be in the form of an inspection guide that is submitted to OPS for distribution.
- Alteration permits are submitted and approved by OPS prior to the installation thereof.
- Schindler Elevator must deliver a copy of this Approved Alternate Materials and Methods Request to each conveyance owner before the acceptance inspection is performed.
- Acceptance inspections shall be performed and a copy of the passing inspection report be submitted to OPS along with the Certificate of Operation fee for each unit installed in Colorado.

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- A copy of this approval letter shall be posted in each Elevator Machine Room where installed and become part of the Maintenance Control Program for the life of the equipment.

If you agree with the conditions included in this approval letter, indicate by completing the signature portion below and returning the letter to OPS. **This approval will become effective upon receipt, by OPS, of your written acceptance of all the above conditions.**

Please contact me if you have any questions.



Greg Johnson
Conveyance Program Manager

I hereby agree with all of the conditions in the above. I understand that any modification to these conditions may be made only with the written consent of the OPS.

Schindler Elevator Corp

Signature

Printed Name

Date

Title