

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 1940 North Monroe Street
 Tallahassee, FL 32399-0783
 Phone: 850.487.1395 – E-mail: dhr.elevators@dbpr.state.fl.us
www.MyFloridaLicense.com/dbpr/hr

Please direct questions about this application to the Department of Business and Professional Regulation's Customer Contact Center at 850.487.1395. Information is also available online at www.MyFloridaLicense.com/dbpr/hr.

| SECTION 1 - ELEVATOR SERIAL NUMBER | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------|--------------------------------------------------------------------------------|
| As provided on the Permit to Install, Alter or Relocate or the previous Certificate of Operation | | | |
| Serial Number | Note: The serial number must be present or the application will be returned. | | |
| SECTION 2 – BUILDING INFORMATION | | | |
| Note: If the information below has changed since the Permit to Install, Alter or Relocate was issued, please provide the updated information. | | | |
| Primary Name (enter name of the building owner) | | | |
| Main Address (enter building address) | | | |
| City | County | State | Zip Code |
| D/B/A Name (enter Business Name or Doing Business As Name of the building) | | | |
| MAILING INFORMATION | | | |
| Name | | | |
| Mailing Address | | | |
| City | | State | Zip Code |
| CONTACT INFORMATION | | | |
| Contact Name | Primary Business Phone Number | | |
| Primary E-Mail Address | Alternate Phone Number or Fax Number | | |
| SECTION 3 – ELEVATOR COMPANY INFORMATION (for Service Maintenance Contract holders) | | | |
| Organization Name | License Number <i>(Registered Elevator Company)</i> | | |
| Address | | | |
| City | | State | Zip Code |
| SECTION 4 – APPLICANT SIGNATURE | | | |
| Pursuant to Sections 399.03 and 399.07, Florida Statutes, the undersigned hereby applies for Certificate of Operation for an elevator in the building located at the address indicated. I understand the elevator owner is responsible for the safe operation, proper maintenance, fees, and annual inspection and prompt correction of code deficiencies of the elevator. | | | |
| Authorized Signature of Applicant | | Date Signed | |
| Social Security Number* | Date Submitted | Fee Amount Enclosed \$ | Application Update <input type="checkbox"/> Yes <input type="checkbox"/> No |
| * Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. | | | |