

DBPR Form HR 5023-017 APPLICATION FOR COURSE PROVIDER REGISTRATION AND COURSE APPROVAL

Congratulations on your decision to register as a continuing education provider and to obtain course approval! As you explore this opportunity, the Department of Business and Professional Regulation's (DBPR) Bureau of Elevator Safety is ready to assist you through the licensing and regulatory process.

Our responsibility is to work with the business community to achieve the highest levels of health and safety for all Floridians and more than 50 million annual visitors. Toward that goal, we are a resource you can use to see that your new business operates within the requirements of the law.

This packet contains information regarding the legal requirements for your registration. It is very important that you familiarize yourself with this information before you begin operating. If you have questions, or need any clarification, please contact the DBPR Customer Contact Center at 850.487.1395 Monday through Friday 8AM to 6 PM or go online to www2.MyFloridaLicense.com/dpbr/hr. Because our knowledge and authority are in state government requirements, it is very important that you also contact local officials regarding any city and county requirements to register as a new business.

We wish you the best of luck and success in your venture!

IMPORTANT TERMS

This application uses the following definitions also found in Rule 61C-5.008, Florida Administrative Code (F.A.C.).

Course Provider means the person or entity approved by and registered with the department pursuant to this rule and who is responsible for conducting a course approved pursuant to this rule.

Course means a course, seminar or other program of instruction approved by the department for the purpose of satisfying continuing education requirements established in Chapter 399, Florida Statutes (F.S.).

Course Instructor means the person appointed by the course provider to teach or otherwise lead an approved course.

Course Hour means fifty minutes of instruction, exclusive of breaks, recesses, or time not spent in instruction.

Syllabus means a detailed outline of the course content to a level of detail that sufficiently demonstrates the relevance required by section 61C-5.0085(3), F.A.C.

APPLICATION REQUIREMENTS

Before submitting the application, please make sure you include each item indicated for each transaction type.

Continuing Education Provider:

- Completed DBPR Form HR 5023-017, including application for approval of at least one course.

Continuing Education Course:

Continuing education courses will only be considered for approval when a registered course provider submits the following documents no less than 30 days prior to the date the first session of the course is scheduled to be conducted:

- Completed DBPR Form HR 5023-017; and
- One course syllabus for each course demonstrating the course provides technical or safety relevance to elevator construction, alteration, modification, repair or maintenance; including inspection. The syllabus must account for time spent on each topic or subsection in increments of a quarter hour or greater.

DBPR Form HR 5023-017 – Application for Continuing Education Provider Registration and Course Approval

Course Instructor Qualifications:

The course provider is responsible for verifying the qualifications of all instructor(s) assigned to teach any level or segment of a course.

Course instructors must meet one of the following qualifications (Rule 61C-5.0085(4), F.A.C.):

1. Five years of experience in the construction, alteration, modification, maintenance or repair of elevators, including inspection, **and one of the following:**
 - a. Possession of a certificate of competency issued by and in good standing with the division;
 - b. Current certification in good standing under the American Society of Mechanical Engineers standards as a qualified elevator inspector; or
 - c. Proof of registration, certification or licensure in the elevator trade by a United States authority having jurisdiction, to standards substantially equal to or more stringent than Chapter 399, Florida Statutes, and the Elevator Safety Code, Chapter 61C-5, Florida Administrative Code.
2. Possession of a contractor or engineer license, certification or registration in good standing and five years experience in contracting or engineering qualifies the instructor to teach a course within the scope of the field.

Please send your completed application and documentation to:

Department of Business and Professional Regulation
Division of Hotels and Restaurants, Bureau of Elevator Safety
2601 Blair Stone Road
Tallahassee, FL 32399-1013
E-mail to: dhr.elevators@myfloridalicense.com

Please use the entire 9-digit zip code in the address above to ensure proper handling.

Please direct questions about this application to the Department of Business and Professional Regulation's Customer Contact Center at 850.487.1395.

www2.MyFloridaLicense.com/dbpr/hr

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STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
Division of Hotels and Restaurants, Bureau of Elevator Safety
2601 Blair Stone Road, Tallahassee, FL 32399-1013

Phone: 850.487.1395 – Email: dhr.elevators@myfloridalicense.com
Internet : www2.MyFloridaLicense.com/dbpr/hr

Section 1 – Application Information

Please check the appropriate box(es).

Provider: New Renewal Revision **Course:** New Renewal Revision

Section 2 – Course Provider Information

Business/Provider Name (please check one: Corporation Partnership Individual)

Contact Name

Street Address or Post Office Box

City State Zip Code (+4 optional)

Florida County (if applicable) Country

Phone Number E-Mail Address (Optional)

National Accrediting Body: Yes No If yes, name:

Federal Employer Identification Number (FEIN) *Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, social security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 455.203(9) 409.2577, and 409.2598, 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. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec 317.

Social Security Number (REQUIRED)*
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Registered Elevator Company Number (if applicable)

Section 3 – Course Information

Course Identification Number (Renewals Only) Total Course Hours

Course Title

Indicate the type of instruction and general subject matter. Each course must cover at least one type of instruction and one general subject matter. Check all that apply.

Type of Instruction: Technical Instruction Safety Instruction

General Subject Matter:

Construction Alteration Modification
 Repair Maintenance

Attach a copy of the following documents:

- Course syllabus demonstrating relevance of course, including an accounting of time allotted to each topic or subsection in increments of not less than a quarter hour;
- Sample of a roster that you will provide to the bureau; and
- Sample of the certificate that you will provide to the student upon course completion.

Please indicate all geographic areas where this course is provided. Statewide

Specific Counties (Attach additional pages, if necessary)

Course provided through interactive electronic media: Yes No If yes, type:

Internet address (if applicable)

Name of instructor responsible for content of interactive electronic media course (must also be listed in Section 5)

Section 4 – Course Revision Information

Course Identification Number (Required)	Total Course Hours
Course Title	Effective Date
Description of Changes	

Attach a copy of the course syllabus demonstrating relevance of the course, including an accounting of time allotted to each topic or subsection in increments of not less than a quarter hour.

Section 5 – Course Instructor Information

Please provide the name and qualifications of each instructor assigned to this course.

Instructor Name (Attach additional pages, if necessary):

The provider is responsible for verifying the course instructor meets the following qualifications: (check all that apply)

- Five (5) years experience in the construction, alteration, modification, maintenance or repair of elevators and:
 - A current certificate of competency in good standing issued by the division;
 - Current certification in good standing under the American Society of Mechanical Engineers standards as a qualified elevator inspector; or
 - Registration, licensure, or certification in the elevator trade by a U.S. authority having jurisdiction, which is equal to or more stringent than the requirements in Chapter 399, Florida Statutes.

- Licensed, certified or registered contractor or engineer in good standing with five (5) years elevator industry experience and is teaching a course within the scope of the license, certification, or registration.

Instructor Name (Attach additional pages, if necessary):

The provider is responsible for verifying the course instructor meets the following qualifications: (check all that apply)

- Five (5) years experience in the construction, alteration, modification, maintenance or repair of elevators and:
 - A current certificate of competency in good standing issued by the division;
 - Current certification in good standing under the American Society of Mechanical Engineers standards as a qualified elevator inspector; or
 - Registration, licensure, or certification in the elevator trade by a U.S. authority having jurisdiction, which is equal to or more stringent than the requirements in Chapter 399, Florida Statutes.

- Licensed, certified or registered contractor or engineer in good standing with five (5) years elevator industry experience and is teaching a course within the scope of the license, certification, or registration.

Section 6 – Signature

SECTION 559.79 (2), FS: Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true. **I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Name of applicant or authorized company representative	Applicant Title
Signature of applicant or authorized company representative	Date

Complete the application and supporting documents and mail them to the address on this form. Please use the entire 9-digit zip code in the address above to ensure proper handling.