## DBPR Form HR-5023-060 - Verification of Service Maintenance Contract

Date :		
Page	of	

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

Phone: 850.487.1395 - E-mail: dhr.elevators@myfloridalicense.com

Internet: www.myfloridalicense.com/DBPR/elevator-safety

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 <a href="https://www.myfloridalicense.com/DBPR/elevator-safety">www.myfloridalicense.com/DBPR/elevator-safety</a>

Section 1 – Service Maintena Registered Elevator Company		omme at <u>www.mynorida</u>		REC License Numbe		
registered Elevator Company	(REC) Name			REC LICENSE Numbe		
City	County		State	Zip Code		
Section 2 – Service Maintena	ance Contract Information	ding				
Building Name			Annual Verification Cancellation or Expiration			
Street Address						
City	County	State		Zip Code		
Elevator License Number(s)				-10-		
.icense rumber(s)						
	2 <sup>nd</sup> Buil	dina				
Building Name	Z Bull	ding	Annual V	'erification		
				tion or Expiration		
Street Address						
City	County	State		Zip Code		
Elevator			===			
License Number(s)						
Quilding Namo	3 <sup>rd</sup> Buil	ding	Americal M	/a sifi a ati a a		
Building Name		lH		Verification ation or Expiration		
Street Address		, <u> </u>	- Carroona	tion or Expiration		
City	County	State		Zip Code		
Elevator	A					
_icense Number(s)						
Section 3 – Authorized Signa				The Party		
Pursuant to Section 399.061(1 contract(s) that comply with Se	), Florida Statutes (F.S.), the un	dersigned verifies the extens 61C-5 013 FAC for	istence of or the spe	service maintenance ecified elevator(s)		
contract(s) that comply with Section 399.01(10), F.S., and Section 61 Signature of Authorized Representative		Date Signed				
Please attach additional pages	as necessary. Indicate the nur	nher of pages at the ten	of each as	200		

2013 July 9

Submit the completed form to the Bureau of Elevator Safety at the e-mail or mailing address listed above.

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Section 4 – Additi	onal Buildings			7.11	H101 -418			
Building Name	Building Name  Building Name  Annual Verification							
building Name						on or Expiration		
Street Address								
City		County		State		Zip Code		
Elevator License Number(s)				121				
Licerise Nutriber(s)								
			Building					
Building Name		31-77-30-4-4-4-4	anamy		☐ Annual Ve	erification		
Street Address					Cancellation or Expiration			
Street Address								
City		County State		State		Zip Code		
Elevator	,	1						
License Number(s)								
			Building					
Building Name			diding		Annual Ve	erification on or Expiration		
Street Address					Caricellati	оп от Ехрпасоп		
City		County	State			Zip Code		
Elevator License Number(s)								
		E E	Building					
Building Name  Annual Verification  Cancellation or Expiration								
Street Address					. —			
City		County		State		Zip Code		
Elevator License Number(s)								
	4		III					