

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

Section 1 – Service Maintenance Company Information

Registered Elevator Company (REC) Name			REC License Number	
City	County	State	Zip Code	

Section 2 – Service Maintenance Contract Information

1st Building				
Building Name			<input type="checkbox"/> Annual Verification <input type="checkbox"/> Cancellation or Expiration	
Street Address				
City	County	State	Zip Code	
Elevator License Number(s)				

2nd Building				
Building Name			<input type="checkbox"/> Annual Verification <input type="checkbox"/> Cancellation or Expiration	
Street Address				
City	County	State	Zip Code	
Elevator License Number(s)				

3rd Building				
Building Name			<input type="checkbox"/> Annual Verification <input type="checkbox"/> Cancellation or Expiration	
Street Address				
City	County	State	Zip Code	
Elevator License Number(s)				

Section 3 – Authorized Signature

Pursuant to Section 399.061(1), Florida Statutes (F.S.), the undersigned verifies the existence of service maintenance contract(s) that comply with Section 399.01(10), F.S., and Section 61C-5.013, F.A.C., for the specified elevator(s).

Signature of Authorized Representative	Date Signed
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Please attach additional pages as necessary. Indicate the number of pages at the top of each page.

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

Section 4 – Additional Buildings

_____ Building				
Building Name				<input type="checkbox"/> Annual Verification <input type="checkbox"/> Cancellation or Expiration
Street Address				
City		County		State
Zip Code				
Elevator License Number(s)				

_____ Building				
Building Name				<input type="checkbox"/> Annual Verification <input type="checkbox"/> Cancellation or Expiration
Street Address				
City		County		State
Zip Code				
Elevator License Number(s)				

_____ Building				
Building Name				<input type="checkbox"/> Annual Verification <input type="checkbox"/> Cancellation or Expiration
Street Address				
City		County		State
Zip Code				
Elevator License Number(s)				

_____ Building				
Building Name				<input type="checkbox"/> Annual Verification <input type="checkbox"/> Cancellation or Expiration
Street Address				
City		County		State
Zip Code				
Elevator License Number(s)				