

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 Division of Hotels and Restaurants, Bureau of Elevator Safety
 1940 North Monroe Street, Tallahassee, FL 32399-1013

Phone: 850.487.1395 – E-mail: dhr.elevators@dbpr.state.fl.us
 Internet: 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 – 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
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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
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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
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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
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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
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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
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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
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Elevator License Number(s)
