## DBPR HR-7025 - APPLICATION FOR CERTIFICATE OF OPERATION OR CHANGE OF OWNER

Congratulations on your decision to apply for your elevator certificate of operation! The Department of Business and Professional Regulation's (DBPR) Division of Hotels and Restaurants (H&R) is ready to assist you through the licensing and regulatory process.

This packet contains the legal requirements for your certificate. 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 between 8AM and 6PM or go online to <a href="https://www.MyFloridaLicense.com/dbpr/hr">www.MyFloridaLicense.com/dbpr/hr</a>. In addition to working with us to meet the state requirements, it is very important that you also contact local officials regarding any city and county requirements to register as a new owner.

#### **APPLICATION REQUIREMENTS:**

### **Certificate of Operation**

- Complete DBPR HR-7025, Application for Certificate of Operation or Change of Owner; and
- Pay \$75 certificate fee (make check payable to the Department of Business and Professional Regulation).
- The division must have on file proof of a satisfactory inspection during the previous year that contains no violations, unless the elevator qualifies for the two-stop annual inspection exemption in 399.061, Florida Statutes. Submit proof of a satisfactory inspection, if needed.

### **Change of Owner**

Complete DBPR HR-7025, Application for Certificate of Operation or Change of Owner.

Please send your completed application, documentation and required fee, if applicable, to:

Department of Business and Professional Regulation Bureau of Elevator Safety 1940 North Monroe Street Tallahassee, FL 32399-0783

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

www.MyFloridaLicense.com

# STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION Division of Hotels and Restaurants, Bureau of Elevator Safety 1940 North Monroe Street, Tallahassee, FL 32399-0783

Phone: 850.487.1395 - E-mail: <a href="mailto:dhr.elevators@dbpr.state.fl.us">dhr.elevators@dbpr.state.fl.us</a>

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.MvFloridaLicense.com/dbpr/hr/.

Section 1 – Transaction Type								
Certificate of Operation			Change of Owner					
Section 2 – Elevator License Number As provided on the Permit to Install, Alter or Relocate or on the Certificate of Operation								
License Number Note: The license number must be present or the application will be re							vill be returned.	
Section 3 – Building Information								
Owner Name (please check one: ☐ Corporation ☐ Partnership ☐ Individual)								
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 (Enter the name and address where correspondence, including annual renewal notices, will be mailed)								
Name	o correspondence, merdan	ig armaar ro	nowal not	.1000, WIII	oo man	ou,		
Mailing Address								
City				Sta	te	Zip C	Code	
Contact Information							_	
			Business Phone Number					
Primary E-Mail Address (Optional)  Alternate			e Phone Number or Fax Number (Optional)					
Section 4 – Elevator Service Maintenance Contract Information (Required to qualify the elevator for the two-stop annual inspection exemption in 399.061, Florida Statutes)								
Organization/Company Name			Effective	Date	to	Expiration Date		
		T.1	l			to		
Elevator Service Contact (Person)		Гејер	Telephone		REC License Number		cense Number	
City	County	State		Ziį	Zip Code			
Section 5 – Applicant Signature								
Pursuant to Sections 399.03 and 399.07, Florida Statutes, the undersigned hereby applies for a 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, annual inspection and prompt correction of code deficiencies of the elevator.								
Name of Authorized Applicant			Social Security Number*					
Signature of Authorized Applicant			Date					

<sup>\*</sup> 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.