

**DBPR HR-7023 – Affidavit of Elevator Plans Code Compliance**

**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 – Email: [dh.elevators@myfloridalicense.com](mailto:dh.elevators@myfloridalicense.com)**

**Internet: [www.MyFloridaLicense.com/dbpr/hr](http://www.MyFloridaLicense.com/dbpr/hr)**

*Please direct questions about this affidavit to the Department of Business and Professional Regulation's Customer Contact Center at 850.487.1395. More information is also available at [www.MyFloridaLicense.com/dbpr/hr/](http://www.MyFloridaLicense.com/dbpr/hr/).*

**Affidavit of Elevator Plans Code Compliance**

I, \_\_\_\_\_, acting as agent of the below named registered elevator company, do hereby attest that the plans for elevator installation and/or modification to be located at (insert the complete US Postal Service physical street number and name for the permit to be approved):

\_\_\_\_\_ meet or exceed the minimum standards of Chapter 399, Florida Statutes, Chapter 61C-5, Florida Administrative Code, and Chapter 30 of the Florida Building Code adopted by Rule 61G20-1.001, Florida Administrative Code, or variance granted thereto.

For elevators complying with ASME A17.7:

Please check here \_\_\_\_\_ and provide with this affidavit a copy of the Certificate of Conformance for each component that complies with ASME A17.7

Registered Elevator Company \_\_\_\_\_  
Certificate of Competency # OR Certified Elevator Inspector # \_\_\_\_\_  
and Expiration Date \_\_\_\_\_  
Signature of Agent \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Date \_\_\_\_\_

**NOTE:** Section 837.06, Florida Statutes, states: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

**Complete this affidavit and submit it with the application and required fee to the address on this form. Please use the entire 9-digit zip code in the address above to ensure proper handling.**