

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  
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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 (FAC), and Chapter 30 of the Florida Building Code adopted by Rule 61G20-1.001, FAC, 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 \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ , by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who has taken an oath.

\_\_\_\_\_  
Notary Public, State of Florida

\_\_\_\_\_  
Printed Name  
Commission Number:  
My Commission Expires:

**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.**