

**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 www.MyFloridaLicense.com/dbpr/hr. 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 (FS). 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

DBPR HR-7025– Application for Certificate of Operation or Elevator Change of Owner

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: dhr.elevators@myfloridalicense.com

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 – 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 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

Mailing Address

City	State	Zip Code
------	-------	----------

Contact Name	Primary Business Phone Number
--------------	-------------------------------

Primary E-Mail Address (Optional)	Alternate Phone Number or Fax Number (Optional)
-----------------------------------	---

Section 4 – Elevator Service Maintenance Contract

(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
---------------------------	----------------	----	-----------------

Elevator Service Contact (Person)	Telephone	REC License Number
-----------------------------------	-----------	--------------------

City	County	State	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.

SECTION 559.79(2), FS: Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true.

I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the certificate.

Name of Authorized Applicant	Social Security Number*
------------------------------	-------------------------

Signature of Authorized Applicant	Date
-----------------------------------	------

* 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.