

STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 Division of Hotels and Restaurants, Bureau of Elevator Safety
 2601 Blair Stone Road, Tallahassee, FL 32399-1013

Phone: 850.487.1395 – Email: www.MyFloridaLicense.com/contactus/

Internet : www.MyFloridalicense.com/DBPR/elevator-safety/

Please direct questions about this application to the Department of Business and Professional Regulation's Customer Contact Center at 850.487.1395.

Section 1 – Application Information

Please check all that apply:

Initial Certificate of Competency (CC)

If qualifying by examination: I have elected to provide proof of completion and successful passage of a written examination administered by the division or its designee. In electing this option, I authorize the following examination provider to release information to the department for verifying my successful completion of their examination.

Examination Provider:

Initial Certificate of Competency (CC) from Null and Void

Florida Certificate of Competency Number (Required):

If qualifying by examination: I have elected to provide proof of completion and successful passage of a written examination administered by the division or its designee. In electing this option, I authorize the following examination provider to release information to the department for verifying my successful completion of their examination.

Examination Provider:

Certified Elevator Technician (CET) License – I am providing required proof of insurance.

Florida Certificate of Competency Number (Required, if already hold a CC license):

Section 2 – Personal Information (MA)

Note: This address will be designated as the "address of record" for the license.

Social Security Number (REQUIRED)*

Last Name	First	Middle	Suffix (Jr., III, etc.)
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Birth Date (MM/DD/YYYY)

Street Address or Post Office Box

City

Florida County

State

Zip Code (+4 optional)

Country

E-Mail Address (Optional)

Phone Number

* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, social security numbers are 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. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub.L.193, Sec 317.

Section 3 – License Location Information (LL)

Note: This address will be designated as the physical location address for this license.

Street Address

City	Florida County	State	Zip Code (+4 optional)
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Country

E-Mail Address (Optional)



Section 4 – License Mailing Information (LM)

Note: This address will be used by the department for all mailings to the licensee, including the license and license renewal notices.

Routing Name (e.g., Office Manager, contact name)

Street Address or Post Office Box

City	Florida County	State	Zip Code (+4 optional)
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Country

E-Mail Address (Optional)	Phone Number
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Section 5 – Employment Information

Business/Firm Name

Street Address or Post Office Box

City	Florida County	State	Zip Code (+4 optional)
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Country

Section 6 – Signature

I acknowledge that:

1. I must possess a valid certificate of competency card and register for a certified elevator technician license before I may construct, install, maintain, or repair an elevator in Florida.
2. A certificate of competency card and certified elevator technician license registration expires December 31 each year.
3. The certificate of competency may only be renewed by the division upon receipt of proof of successful completion of eight hours of continuing education as prescribed by rule, payment of the certificate of competency fee, and satisfaction of any other requirements provided by law.
4. The annual certified elevator technician license registration may only be completed by the division upon receipt of the registrant’s valid certificate of competency number and proof of comprehensive general liability insurance coverage as specified by division rule.

SECTION 559.79(2), Florida Statutes: 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 license.**

Signature	Date
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Complete the application and mail it, the supporting documents, and the required \$50 certificate of competency fee to the address on this form. Please use the entire 9-digit zip code in the address above to ensure proper handling.