

DBPR HR-7017 – Application for Certified Elevator Inspector Registration

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 – Qualifications

Qualified Elevator Inspector (QEI) Number (required):	QEI Expiration Date:
QEI Issued by:	
Insurance Provider (Attach copy of certificate of general liability insurance):	

Section 2 – Personal Information (MA)

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

Social Security Number (REQUIRED)*				<small>* 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.</small>
Last Name	First	Middle	Suffix (Jr., III, etc.)	
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	

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)
Country			
E-Mail Address (Optional)			Phone Number

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)
Country			
E-Mail Address (Optional)			Phone Number



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

All certified elevator inspectors must register with the division, provide proof of a valid QEI credential in good standing, and provide proof of insurance as specified in division rule to maintain their certified elevator inspector (CEI) license registration in good standing.

I acknowledge that:

1. A certified elevator inspector license registration expires December 31 each year.
2. The certified elevator inspector license registration may only be renewed by the division upon receipt of an annual registration form, proof of a valid QEI credential in good standing, and proof of comprehensive general liability insurance coverage as specified by division rule.
3. I must be licensed as a certified elevator inspector before I may construct, install, maintain, repair, or inspect an elevator in Florida.
4. I must maintain my qualified elevator inspector credential in good standing throughout the license year. I understand that if I fail to maintain my QEI credential in good standing the division will not renew my CEI license registration.

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 with the required supporting documents to the address on this form. Please use the entire 9-digit zip code in the address above to ensure proper handling.