

DBPR HR-7026 – Application for Elevator Company 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 – Type of Application (Client Code 2102)

Initial (1030) This form is not to be used to renew an existing elevator company registration. Renewals may be completed online or by submitting the license renewal notice mailed to the address on file with the division.

Section 2 – Company Information (MA)

Note: This address will be designated as the "address of record" for the party responsible for licensing and operation of this company.

FOR COMPANIES OWNED OR OPERATED BY CORPORATIONS OR PARTNERSHIPS, please attach a separate sheet or sheets listing the name, address, and social security number of each person who owns 10% or more of the outstanding stocks or equity interest in the licensed activity and the name, address, and social security numbers of each officer, director, chief executive, or other person who, in accordance with the rules of the issuing agency, is determined to be able directly or indirectly to control the operation of the business of the licensed entity. 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.

Company Name (Check one: Corporation Partnership Individual) Federal Employer Identification Number

Street Address or Post Office Box

City Florida County State Zip Code (+4 optional)

Country

Primary E-Mail Address (Optional) Primary Business Phone Number

Section 3 – License Location Information (LL)

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

Doing Business As Name (if different than above)

Street Address

City Florida County State Zip Code (+4 optional)

Country

E-Mail Address (Optional) Primary Business Phone Number

Section 4 – License Mailing Information (LM)

Note: This address will be used by the department for all mailings to the company, including permits 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) Primary Business Phone Number



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Section 5 – Certificate Of Competency / Certified Elevator Inspector (must have at least one)

Name Florida License Number

Name Florida License Number

Section 6 – Company Liability Insurance Coverage

Attach a copy of a current certificate of comprehensive general liability insurance demonstrating coverage for all operations and offices covered in this registration. A current certificate must be maintained with the division.

Name of Insurance Company

Address

City State Zip Code (+4 optional)

Policy Number Expiration Date

Section 7 – Signature

To qualify as a Registered Elevator Company, each company must:

1. Register with the bureau by submitting a current registration form.
2. Provide a copy of a certificate of comprehensive general liability insurance in a minimum amount of \$100,000 per person and \$300,000 per occurrence valid.
3. Provide the name of at least one employee who holds a valid certificate of competency issued by the division or is a certified elevator inspector licensed by the division.

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.**

Printed name of applicant or authorized company representative Title

Signature of applicant or authorized company representative Date

Complete the application and mail it with the supporting documents to the address on this form. Please use the entire 9-digit zip code in the address above to ensure proper handling.