Public Works Department / Elevator Safety Division
1700 Convention Center Dr, 1st Floor
Miami Beach, FL 33139
Phone: (305) 673 7000 x 6213 Fax: (786) 394 7028

ELEVATOR INSTALLATION AFFIDAVIT
&
REQUEST FOR INSPECTION

I _____ certify that I am a construction supervisor employed by the elevator company which installed the elevator identified below and that I directly supervised construction or installation of this elevator. I also certify that all elevator work and related installations by other trades have been completed and tested and that the project is now ready for inspection.

Elevator Company Name: _____

Project Name:

_____

Project Address:

_____

_____

City of Miami Beach Serial Number (MB-XXXX): _____

Date installation completed: _____

_____	_____	_____
Date of Affidavit	Signature	Type or Print Name

STATE OF FLORIDA
COUNTY OF _____
Sworn to (or affirmed) and subscribed before me this

___ day of _____, 20___, by _____

_____
Notary Public, State of Florida

_____
Printed Name
Personally Known _____ OR Produced Identification _____

Type of Identification
Produced _____