

## APPLICATION FOR CERTIFICATE OF OPERATION OR CHANGE OF OWNER

### Electronic Application

SECTION 1 – ELEVATOR SERIAL NUMBER			
As provided on Permit to install, Alternation or Relocate or the previous Certificate of Operation			
Serial No#:		Building License #:	Note: The serial and building license number must be present or the application will be returned.
SECTION 2 – BUILDING INFORMATION			
Note: If the information below has changed since the Permit to Install, Alternation or Relocate was issued, please provide the updated information			
Primary Name (enter name of building owner):			
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			
Name:			
Address:			
City:	State:	Zip Code:	
CONTACT INFORMATION			
Contact Name:		Primary Business Phone Number:	
Primary E-Mail Address:		Alternate Phone Number or Fax Number:	
SECTION 3 – ELEVATOR COMPANY INFORMATION			
(for Service Maintenance Contractor Holders)			
Organization Name:		License Number (registered elevator company):	
Address:			
City:	State:	Zip Code:	
SECTION 4 – APPLICATION SIGNATURE			
Pursuant to Sections 399.03 and 399.07, Florida Statutes, the undersigned hereby applies for 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, and annual inspection and prompt correction of code deficiencies of the elevator.			
Authorized Signature of Applicant: (X)		Date Signed:	
OFFICE USE			
Application Update: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved By:		Approval Date:
We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.			