

## ELEVATOR CHANGE OF STATUS AFFIDAVIT

**For Office Use Only**

Activity No#	
Date of Approval	

I \_\_\_\_\_, acting as agent (owner, registered agent, legal representative) of the below named registered elevator owner, do hereby attest that the elevator plant located at:

\_\_\_\_\_ has changed in usage status, and a change is requested as follows, in the Miami Dade County records, for the following described equipment:

Serial No (s): \_\_\_\_\_ Type: \_\_\_\_\_ Capacity: \_\_\_\_\_ Landings: \_\_\_\_\_

Contract is with: \_\_\_\_\_ A contract remains in effect through the period ending: \_\_\_\_\_. The building has \_\_\_\_\_ floors.

- Elevator has been demolished: \_\_\_\_\_
- Demolition permit #: \_\_\_\_\_
- Building has been demolished: \_\_\_\_\_
- Demolition permit #: \_\_\_\_\_

Elevator is no longer used, and is now dormant: YES NO Last date of dormant status: \_\_\_\_\_ Last scheduled inspection date: \_\_\_\_\_

Dormant status requires annual inspection and annual fee, and may only be considered dormant for a maximum of five (5) years.

Elevator (s) have Fire fighter service YES NO Year of installation \_\_\_\_\_

Elevator (s) are equipped with universal emergency access key YES NO

Elevator (s) are equipped with emergency power generator connection YES NO

Registered Owner: \_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification and who has take an oath.

Notary Public, State of

Florida Printed Name

Commission Number: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_