

ELEVATOR COMPANY REGISTRATION FORM

Please Print

TYPE OF APPLICATION

New Elevator Company | Existing Elevator Company (*information update only*)

ELEVATOR COMPANY INFORMATION

Company Name: (Doing Business As Name) please **check one**:
 Corporation
 Partnership
 Individual

Address: Suite#

City: County: State: Zip Code:

MAILING ADDRESS

Name (if different than above)

Address or P.O Box:

City: County: State: Zip Code:

CONTACT INFORMATION

Contact Name:

Primary Phone#: Alternate Phone#: Mobile Phone#:

Primary E-Address: Alternate E-Address:

Contact Representative Name: Office Phone#:

DOCUMENT SUBMISSION CHECKLIST

Item #1 - Department of Business and Professional Regulation (State License of Company & Qualifier)

Item #2 – Certificate of Liability Insurance Coverage (The Certificate Holder must be address to the City of Miami Beach, PUBLIC WORKS - Elevator Safety Division)

Item #3 - Work Compensation (The Certificate Holder must be address to the City of Miami Beach, PUBLIC WORKS - Elevator Safety Division)

Item #4 - Business Tax Receipt (Local or within the State of Florida boundaries)

SIGNATURE

Printed Name of Applicant or Authorized Company Representative: Title:

Signature of Applicant Name or Authorized Company Representative: Date:

We are committed to providing excellent public service and safety to all who live, work and play in our vibrant, tropical, historic community.