



MIAMI-DADE COUNTY  
 GENERAL SERVICES ADMINISTRATION  
 FACILITIES and UTILITIES MANAGEMENT DIVISION  
 OFFICE of ELEVATOR SAFETY  
 201 West Flagler Street  
 Miami, Florida 33130-1510  
 Ph: 305.375.1577  
 Fax: 305.372.6367  
[www.miamidade.gov/gsa/elevatormain.asp](http://www.miamidade.gov/gsa/elevatormain.asp)

<b>For Office Use Only</b>
Serial #
Date Approved

**AFFIDAVIT OF ELEVATOR CODE COMPLIANCE**

I, \_\_\_\_\_, acting as agent of the below named registered elevator company,  
 do hereby attest that the plans for elevator installation and/or modification to be located at:

\_\_\_\_\_

meet or exceed the minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Building Code adopted by Rule 9B-3.047, Florida Administrative Code, or variance granted thereto.

Registered Elevator Company \_\_\_\_\_  
 Signature of 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 taken an oath.

\_\_\_\_\_  
 Notary Public, State of Florida

\_\_\_\_\_  
 Printed Name  
 Commission Number:  
 My Commission Expires: