



**MIAMI-DADE COUNTY**  
**FACILITIES & INFRASTRUCTURE MANAGEMENT DIVISION**  
**OFFICE OF ELEVATOR SAFETY**  
 201 West Flagler Street  
 Miami, Florida 33130-1510  
 Ph: 305.375.1577  
 Fax: 305.372.6367

**CERTIFICATE OF OPERATION APPLICATION**

<b>SECTION 1 - ELEVATOR INFORMATION</b>			
As provided on the Permit to Install, Alter or Relocate or the previous Certificate of Operation			
Serial Number <small>Serial Number must be provided or form will be returned</small>	<b>Capacity:</b>	<b>Landings:</b> <small>n/a if Escalator</small>	<b>Mfg. Ser #:</b>
	<b>Speed:</b>	<b>Type of Equipment:</b>	
<b>SECTION 2 – BUILDING INFORMATION</b>			
<small>Note: If the information below has changed since the Permit to Install, Alter or Relocate was issued, please provide the updated information.</small>			
Name of Building or D/B/A Name (enter Business name or Doing Business As Name or Name of the Building)			
Main Address (enter building address)			
City	County	State	Zip Code
FOLIO Number: (required)		Change of Owner or Manager: Yes      No	
<b>MANAGEMENT or MAILING INFORMATION</b>			
Name of Management Company, or responsible party for managing building.			<b>Mail Bill to: Y    N</b>
Mailing Address			
City		State	Zip Code
<b>CONTACT INFORMATION</b>			
Contact Name		Primary Business Phone Number	
Primary E-Mail Address		Alternate Phone Number or Fax Number	
<b>SECTION 3 – OWNER INFORMATION</b>			
Organization or Owner Name			<b>Mail Bill to: Y    N</b>
Address		Primary Phone Number	
City		State	Zip Code
<b>SECTION 4 – APPLICANT SIGNATURE</b>			
Authorized Signature of Applicant			Date Signed
Federal I.D. or Corporate Tax Number			Date Submitted