



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

Application for Temporary Certificate of Operation

SECTION 1 - ELEVATOR INFORMATION				
As provided on the Permit to Install, Alter or Relocate or the previous Certificate of Operation				
Serial Number <small>Note: The serial number must be present or the application will be returned</small>	Capacity	Issue Date:	Exp. Date:	
SECTION 2 – BUILDING INFORMATION				
Note: If the information below has changed since the Permit to Install, Alter or Relocate was issued, please provide the updated information.				
Primary Name (enter name of the 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				
Mailing 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				
Organization Name				
Address				
City	State	Zip Code	REC #	Phone Number
SECTION 4 – APPLICANT SIGNATURE				
Authorized Signature of Applicant			Date Signed	
Federal Employer ID Number			Date Submitted	
<ul style="list-style-type: none"> • THIS APPLICATION IS VALID FOR THIRTY (30) DAYS ONLY, AFTER APPROVAL. The Certificate must be renewed every thirty days. The FEE is \$100.00 for each renewal. 				