



**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

For Office Use Only
Account #
 Date Approved

Affidavit of Elevator Maintenance Coverage

AFFIDAVIT OF ELEVATOR MAINTENANCE COVERAGE
I, _____, acting as agent of the below named registered elevator company, do hereby attest that the elevator plant located at: _____
Is continuously under contract for the performance of full maintenance, as required by Chapter 399 of the Florida Statutes, and Florida Administrative Code 61C-5.
Serial No(s). _____
A contract will remain continuously in effect at least until: _____ (the end of Certificate year) The building has _____ floors.
Elevator(s) have Fire fighter service YES NO Year of installation: _____
Elevator(s) are equipped with universal emergency access key YES NO (NOTE: Fire Marshal has not yet selected key)
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: