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: _________________