



**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 _____

Request and Affidavit of Elevator Status Change

REQUEST and AFFIDAVIT OF ELEVATOR STATUS CHANGE
<p>I, _____, acting as agent of the below named registered elevator owner, _____ do hereby attest that the elevator plant located at: _____</p> <p>Has changed in usage status, and a change is requested as follows, in the Miami-Dade County records, for the following described equipment: Serial No(s): _____ Type: _____ Capacity: _____ Landings: _____ Contract is with: _____ A contract remains in effect through the period ending: _____ The building has _____ floors. Note: If dormant, inactive or demolished, maintenance may not be required. Contract effective period may be to the end of Certificate year. Elevator is no longer used, and is now Dormant/Inactive: _____ Elevator has been Demolished: _____ Demolition permit#: _____ Dormant/Inactive status requires annual inspection and annual fee, and may only be considered dormant as long as the conditions for such status remain the same. Should the conditions change, the unit must be Demolished OR pass all required inspections and tests and be made Active. Elevator(s) have Firefighters' Service Operation YES NO Year of installation: _____</p> <p align="right">Registered Owner _____ Signature of Owner/Agent _____ Printed Name _____ Date _____</p> <p>STATE OF FLORIDA COUNTY OF _____</p> <p>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.</p> <p>_____ Notary Public, State of Florida</p> <p>_____ Printed Name Commission Number: My Commission Expires:</p>