Miami-Dade County Department of Regulatory and Economic Resources
Office Of Elevator Safety
11805 S.W. 26 Street, Suite 230
Miami, Florida 33175-2474
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http://www.miamidade.gov

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: