Miami-Dade County Department of Regulatory and Economic Resources
Office Of Elevator Safety
11805 S.W. 26 Street, Suite 230
Miami, Florida 33175-2474
T 305-375-1577 F 305-372-6367
http://www.miamidade.gov

For Office Use Only
Account #
Date Approved

Request and Affidavit of Elevator Status Change

REQUEST and AFFIDAVIT OF ELEVATOR STATUS CHANGE

I, _____, acting as agent of the below named registered elevator owner,

do hereby attest that the elevator plant located at:

_____

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.

The Elevator is now: Active Dormant/Inactive 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:

Registered Owner _____

Signature of Owner/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: