APPLICATION FOR UNIFORM ELEVATOR KEY
FLORIDA DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF STATE FIRE MARSHAL

PART I [Please print or type]
APPLICANT NAME ____________________________________________
ADDRESS ___________________________________________________
CITY, STATE, ZIP _____________________________________________
PHONE, FAX, EMAIL __________________________________________
WEB SITE ___________________________________________________
MAILING ADDRESS (If different from above) ___________________________
STREET _____________________________________________________
CITY, STATE, ZIP _____________________________________________

PART II
I am eligible under Chapter 69A-47.016, F.A.C. to possess a Uniform Elevator Key for Emergency Response Region # _____ based on the following qualification(s) [please check the appropriate box(es)]:

(a) □ Local fire department personnel: certified as a firefighter and active employment or affiliation with a fire department
(b) □ Elevator owner: ownership in a building required to comply with this rule chapter
(c) □ Elevator owner’s agent: employment with an owner required to comply with this rule chapter
(d) □ Elevator contractor: active license with the Division of Elevators
(e) □ State-certified inspector: actively licensed as an elevator inspector by the Division of Elevators
(f) □ State agency representative: employed by a state agency in a capacity requiring access to elevator for maintenance purposes

PART III
I hereby submit this application for the purpose of obtaining a Uniform Elevator Key in accordance with Section 399.15, Florida Statutes, and Rule Chapter 69A-47, Florida Administrative Code.

I further agree and certify that:
1. I will not duplicate the elevator key issued pursuant to this application;
2. Should I become ineligible to possess a Uniform Elevator Key in accordance with this Application, I will surrender all keys in my possession to the authorized vendor that issued such key(s).

Signature of Applicant: __________________________________________ Date: _____________________

Approval of Owner/Agency Representative: __________________________ Date: _____________________

VENDOR USE ONLY
Number of Keys Issued: __________ Region: ________________________
Applicant Denied: □ YES □ NO Reason ________________________________________
Signature of Issuing Vendor: ____________________________________ Date: ________________

***(The following is to be completed after the key was surrendered to the vendor)***

The above key was mailed to the State Fire Marshal at 200 East Gaines Street, Tallahassee, FL 32399 on
__________________________________________________________, 20____

Signature of Vendor ____________________________________________

Return to: Division of State Fire Marshal, Bureau of Fire Prevention,
200 East Gaines Street, Tallahassee, Florida 32399-0342