

**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**