

ATTENTION All Contractors/Vendors:

When filling Section 4 -Licence Mailing Information (LM)

Under Routing Name use:

PCSB Maintenance Department/ Name of School  
11111 S. Belcher Rd. Largo FL 33773

The general contractor or vendor who installs the elevator  
and chair lift will submit the form:  
DBPR HR-7025/ Bureau of Elevator Safety

## **DBPR HR-7025 - APPLICATION FOR ELEVATOR CHANGE OF OWNER AND CERTIFICATE OF OPERATION**

Congratulations on your decision to apply for your elevator certificate of operation! The Department of Business and Professional Regulation's (DBPR) Division of Hotels and Restaurants (H&R) is ready to assist you through the licensing and regulatory process.

This packet contains the legal requirements for your certificate. It is very important that you familiarize yourself with this information before you begin operating. If you have questions, or need any clarification, please contact the DBPR Customer Contact Center at 850.487.1395 or go online to [www.MyFloridaLicense.com/DBPR/elevator-safety/](http://www.MyFloridaLicense.com/DBPR/elevator-safety/). In addition to working with us to meet the state requirements, it is very important that you also contact local officials regarding any city and county requirements to register as a new owner.

### **IMPORTANT TERMS**

This application uses the following terms from Chapter 399, Florida Statutes (F.S.) and Rule 61C-5.008, Florida Administrative Code (F.A.C.).

"Current satisfactory inspection" means an inspection completed by a certified elevator inspector on or after August 1 of the previous year that is the most recent annual inspection conducted and that contains no violations (Rule 61C-5.008(6), F.A.C.).

"Registered elevator company" means an entity registered with and authorized by the division employing persons to construct, install, inspect, maintain, or repair any vertical conveyance. (s. 399.01(12), F.S.)

"Service maintenance contract" means a contract that provides for routine examination, lubrication, cleaning, adjustment, replacement of parts, and performance of applicable code-required safety tests such as on a traction elevator and annual relief pressure test on a hydraulic elevator and any other service, repair, and maintenance sufficient to ensure the safe operation of the elevator. (s. 399.01(10), F.S.)

"Two-stop elevator" is an elevator that is not an escalator or a dumbwaiter and serves only two adjacent floors. (s. 399.061(1)(a), F.S.)

### **TWO-STOP EXEMPTION REQUIREMENTS**

Florida law allows owners of two-stop elevators to be exempted from the annual inspection requirement when a service maintenance contract is in effect (s. 399.061(1)(a), F.S.). The elevator owner may choose to either submit annual inspections or annual verification of the existence and performance of a service maintenance contract.

To claim the exemption from annual inspections, elevator owners must verify the existence and performance of a service maintenance contract by submitting written verification annually (s. 399.061(1)(b), F.S.). If a service maintenance contract is cancelled or expires, the owner must notify the division within 30 days (Rule 61C-5.013(2)(3), F.A.C.). See Rule 61C-5.013, F.A.C., for additional information relating to the maintenance and performance requirements for a service maintenance contract exemption.

Verification of the service maintenance contract is not required if the owner completes annual inspections or the conveyance is not an eligible two-stop elevator.

## **APPLICATION REQUIREMENTS:**

**Change of Owner** – A change of owner application with fees are required when the certificate of operation is delinquent **or** when the license renewal period is active (between May 1 and July 31). No fees are required when the certificate of operation is current and the license renewal period is not active (between August 1 and April 30).

- Complete DBPR HR-7025, Application for Change of Owner and Certificate of Operation; and
- If applicable, pay \$75 certificate fee (make check payable to the Department of Business and Professional Regulation).
- Submit proof of a current satisfactory inspection **or** if the elevator qualifies for the two-stop annual inspection exemption in s. 399.061, F.S., submit completed DBPR Form HR-5023-060, Service Maintenance Contract Verification for Two-Stop Exemption.

Please send your completed application, documentation and fee, if applicable, to:

Department of Business and Professional Regulation  
Bureau of Elevator Safety  
2601 Blair Stone Road  
Tallahassee, FL 32399-0783

**Please use the entire 9-digit zip code in the address above to ensure proper handling.**

**[www.MyFloridalicense.com/DBPR/elevator-safety/](http://www.MyFloridalicense.com/DBPR/elevator-safety/)**

**DBPR HR-7025 – Application for Elevator Change of Owner and Certificate of Operation****STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION****Division of Hotels and Restaurants, Bureau of Elevator Safety****2601 Blair Stone Road, Tallahassee, FL 32399-0783****Phone: 850.487.1395 – E-mail: [www.MyFloridaLicense.com/contactus/](http://www.MyFloridaLicense.com/contactus/)****Internet: [www.MyFloridalicense.com/DBPR/elevator-safety/](http://www.MyFloridalicense.com/DBPR/elevator-safety/)***Please direct questions about this application to the Department of Business and Professional Regulation's Customer Contact Center at 850.487.1395.***Section 1 – Elevator Information (Client Code 2101)**

License Number:

Application Type:

- ☐
- Certificate of Operation
- 
- ☐
- Change of Ownership

**Note: The license number must be present or the application will be returned.****Section 2 – Elevator Owner Information (MA)**

Note: This address will be designated as the "address of record" for the party responsible for licensing and operation of this elevator.

Owner Name (please check one: ☐ Corporation ☐ Partnership ☐ Individual)

Street Address or Post Office Box (US Postal Service mailing address)

City	Florida County	State	Zip Code
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Primary E-Mail Address (Optional)

Primary Business Phone Number

**Section 3 – Building Information (LL)**

Building Name (DBA)

Elevator Nickname (DBA) (e.g. #1, Bldg A, Atrium, etc.)

Street Address (Enter complete US Postal Service physical street name and number for the building location)

City	Florida County	State	Zip Code
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Primary E-Mail Address (Optional)

Primary Business Phone Number

**Section 4 – License Mailing Information (LM)**

Note: This address will be used by the department for all mailings to the elevator owner, including the certificate of operation and license renewal notices.

Routing Name (e.g., Management Company, contact name)

Street Address or Post Office Box (US Postal Service mailing address)

City	Florida County	State	Zip Code
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E-Mail Address (Optional)

Primary Business Phone Number

**Section 5 – Applicant Signature**

Pursuant to Sections 399.03 and 399.07, Florida Statutes, the undersigned hereby applies for a Certificate of Operation for an elevator in the building located at the address indicated. I understand the elevator owner is responsible for the safe operation, proper maintenance, fees, annual inspection and prompt correction of code deficiencies of the elevator.

SECTION 559.79(2), Florida Statutes: Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law.

I certify that I am empowered to execute this application as required by Section 559.79, Florida Statutes. I understand that my signature on this written declaration has the same legal effect as an oath or affirmation. Under penalties of perjury, I declare that I have read the foregoing application and the facts stated in it are true.

**I understand that falsification of any material information on this application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the certificate.**

Name of Authorized Applicant

Social Security Number\*

Signature of Authorized Applicant

Date

\* Under the Federal Privacy Act, disclosure of Social Security Numbers is voluntary unless specifically required by Federal statute. In this instance, disclosure of social security numbers is mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and sections 409.2577, 409.2598, and 559.79, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations.

