FLORIDA
DEPARTMENT OF
FINANCIAL SERVICES
DIVISION OF STATE FIRE MARSHAL— BUREAU OF FIRE PREVENTION

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

For more information on completing this form, visit http://www.myfloridacfo.com/sfm/uniformelevatorkeys.htm

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