

**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: \_\_\_\_\_

<b>VENDOR USE ONLY</b>	
Number of Keys Issued: _____	Region: _____
Applicant Denied: <input type="checkbox"/> YES <input type="checkbox"/> NO Reason _____	
Signature of Issuing Vendor: _____	Date: _____
<b>***<u>(The following is to be completed after the key was surrendered to the vendor)</u>***</b>	
The above key was mailed to the State Fire Marshal at 200 East Gaines Street, Tallahassee, FL 32399 on _____, 20____.	
Signature of Vendor _____	<b>Return to: Division of State Fire Marshal, Bureau of Fire Prevention, 200 East Gaines Street, Tallahassee, Florida 32399-0342</b>

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