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

DFS-K3-1660
PUB. 10/2005