

**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**