



Building Code Services Division
ELEVATOR PERMITTING

1NorthUniversityDrive,Box#302Plantation,Florida33324954-765-4400Broward.org/Building

Two Stop Elevator Exemption Addendum

Elevator Information			
BCID #	Contract #		
Building Name	Owner Name		
Building Address	City	State	Zip
Mailing Address	City	State	Zip
Owner Phone	Owner FAX		

The above referenced two-stop elevator is under a maintenance contract with a state certified elevator maintenance company and I hereby request a two-stop exemption. I understand that the County reserves the right to inspect the elevator at any time to verify the requirements have been met.

X _____ Date _____
 Owner Signature

Affidavit of Compliance		
<i>To be completed by state certified elevator company. Attach one form per BCID #</i>		
I hereby certify that BCID # _____ is under a service maintenance contract that provides for routine examinations and periodic safety tests that comply with the safety standards adopted in Florida Administrative Code 61C-5.001.		
The elevator complies with all of the following:		
<ol style="list-style-type: none"> 1. A Category 1 periodic safety test, as defined in ASME A17.1 and adopted by reference in Florida Administrative Code 61C-5.001, will be performed during the current renewal cycle. 2. A Category 5 periodic safety test, as defined in ASME A17.1 and as adopted by reference in Florida Administrative Code 61C-5.001, has been performed within the last five years <i>(if applicable)</i>. 3. Routine examinations and periodic safety tests, as defined in ASME A17.1, have only been performed by a certified elevator technician and witnessed by a certified elevator inspector. 4. A written performance record indicating the date or dates of routine examinations and required testing is maintained in the elevator machine room and available for review by the Broward County Elevator Section. 5. Cancellation of the service maintenance contract will be reported to the Broward County Elevator Section within 10 days of cancellation. 		
Qualifier Signature X	Qualifier Name	Date
State Certified Elevator Company		State Certificate of Competency #
Phone	Date of Last Inspection	
Qualified/Certified Elevator Inspector Name	Qualified/Certified Elevator Inspector #	