

## Elevator Code Compliance Affidavit

I, \_\_\_\_\_ acting as agent of the below named registered elevator company, do hereby attest that the plans for elevator installation and/or modification to be located at (insert the complete US Postal Service physical street number and name for the permit to be approved):

\_\_\_\_\_

meet or exceed the minimum standards of Chapter 399, Florida Statutes, and Chapter 30 of the Florida Building Code adopted by Rule 9B-3.047, Florida Administrative Code, or Variance granted thereto.

Registered Elevator Company
Certificate of Competency License No.
Expiration Date
Signature of Agent/Qualifier
Printed Name
Date

NOTE: Section 837.06, Florida Statutes, states: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

- For submittal information and process on Variances and/or Certificates of Conformance per ASME A17.1 and A17.7 please use next pages where combinations shown in the Elevator Process Table are broken down.

The elevator unit described above and located at:

\_\_\_\_\_

Is subject to the following Statements and Code Compliance Documentation:

#	TABLE A. Statement, choose for each combination shown Elevator Process Table.	Signature/Date:
1	The safety of this elevator system fully complies with ASME A17.1 - . No Variance is required	
2	The safety of this elevator system partially complies with ASME A17.1 - and for elevator systems, sub-systems, components, or functions complies with ASME A17.7. Certificates of Conformance are required – Variance for each CoC is required as listed in Table B below	
3	The safety of this elevator fully conforms to the requirements of ASME A17.7. Certificate of Conformance is required – No Variance is required	

#	TABLE B. Compliance Documentation for combinations shown in Table A Item # 1	Variance	Check
1	Shop Drawings with Statement of Compliance with ASME A17.1 in effect at the time of this application		_____

- No other information needed for this combination, except that Code in effect shall be stated on shop drawings.

#	TABLE B. Compliance Documentation for combinations shown in Table A Item # 2	Variance	Check
2	<p>List all Certificate(s) of Conformance applicable and provide documentation – for each certificate:</p> <p>Certificate number, _____</p> <p>Description of product, _____</p> <p>Name of Certificate Holder, _____</p> <p>Validity date, _____</p>	_____	_____
2	<p>Shop Drawings:</p> <p>1. Provide Statement of Compliance with A17.1</p> <p>2. Provide Statement of Compliance with A17.7, mandatory Appendix I-3.5.2.</p> <p>3. List each Certificate of Compliance by Certificate number, description of product, name and address of manufacturer.</p>		_____ _____ _____
2	<p>List all Certificate(s) of Conformance applicable and provide documentation – for each certificate:</p> <p>Certificate number, _____</p> <p>Description of product, _____</p> <p>Name of Certificate Holder, _____</p> <p>Validity date, _____</p>	_____	_____
2	<p>Shop Drawings:</p> <p>1. Provide Statement of Compliance with A17.1</p> <p>2. Provide Statement of Compliance with A17.7, mandatory Appendix I-3.5.2.</p> <p>3. List each Certificate of Compliance by Certificate number, description of product, name and address of manufacturer.</p>		_____ _____ _____

TABLE B. Compliance Documentation for combinations shown in Table A Item # 3		Variance	Check
3	Certificate number, _____ Description of product, _____ Name of Certificate Holder, _____ Validity date, _____		_____
3	Shop Drawings: 1. Provide Statement of Compliance with A17.7, mandatory Appendix I-3.5.2 2. List each Certificate of Compliance by Certificate number, description of product, name and address of manufacturer.		_____ _____
3	Certificate number, _____ Description of product, _____ Name of Certificate Holder, _____ Validity date, _____		_____
3	Shop Drawings: 1. Provide Statement of Compliance with A17.7, mandatory Appendix I-3.5.2 2. List each Certificate of Compliance by Certificate number, description of product, name and address of manufacturer.		_____ _____

Registered Elevator Company: \_\_\_\_\_

Signature of Agent: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF FLORIDA , COUNTY OF MIAMI-DADE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_

Personally

Produced Identification – Type of Identification \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

(SEAL)