

## MONROE COUNTY BUILDING DEPARTMENT

Middle Keys Office: 2798 Overseas Highway, Marathon, FL 33050, (305) 289-2501 / Lower Keys Office: 5503 College Road, Key West, FL 33040, (305) 295-3990  
Upper Keys Office: 102050 Overseas Highway, Key Largo, FL 33037 (305) 453-8800 / Ocean Reef Office: 11601 CR 905, Key Largo, FL 33037 (305) 453-8765  
Website: <https://www.monroecounty-fl.gov/162/Contractor-Information-Forms-Application>  
EMAIL: [contractor-license@monroecounty-fl.gov](mailto:contractor-license@monroecounty-fl.gov)  
Licensing Office Phone Number: (305) 289-2583

### **Elevator Contractor Registration Requirements and Application**

The purpose of this form is for elevator contractors wanting to register OR update an existing expired registration with Monroe County Building Department. This registration is only for un-incorporated areas.

Application may be mailed to the Middle Keys Office Address listed above, or email legible copies to: [contractor-license@monroecounty-fl.gov](mailto:contractor-license@monroecounty-fl.gov)

**To avoid delays in registration, make sure you provide signed and notarized Application along with requested items below:**

1. Legible color copy of qualifier driver's license or some other valid form of government approved identification.
2. Copies of Elevator Technician license and Elevator Company license. (Both are required to register)
3. The corporation and/or fictitious name you qualify must be registered and in ACTIVE status with the Florida Division of Corporations ([www.sunbiz.org](http://www.sunbiz.org)). Legible copy is required.
4. Copy of current local business tax receipt (f/k/a occupational license) for your discipline from where your permanent business location or branch office is maintained. Otherwise, you must obtain a Monroe County Local Business Tax receipt.
5. Copy of current-issued Certificate of Insurance from an insurance company authorized to do business in the state of Florida, Complete business name (including DBA) as licensed with DBPR and the State license number must be included on the Certificate of insurance.  
Certificate Holder: Monroe County Building Dept. 2798 Overseas Highway Suite 300, Marathon, FL 33050
6. Copy of current-issued Certificate of Insurance from an insurance company authorized to do business in the state of Florida, workers compensation insurance and/or a State of Florida workers' compensation exemption (dependent on business status.) Complete business name (including DBA) as licensed with DBPR and the State license number must be included on the Certificate of insurance.  
Certificate Holder: Monroe County Building Dept. 2798 Overseas Highway Suite 300, Marathon, FL 33050.  
Exemption Certificates are only accepted for qualifying officers of business name and specific trade must be listed on exemption.

\*Agent Forms are available on our website if applicable\*

### **YOU WILL BE EMAILED A CONTRACTOR ID NUMBER UPON COMPLETION OF YOUR REGISTRATION**

You may also view the status of your registered accounts on our website at:

MCeSearch: <https://mcesearch.monroecounty-fl.gov/home>

<b>Office Use: Received:</b> <b>By:</b>	<b>Contractor ID #:</b> <b>Contractor ID # No Longer in Use, If applicable:</b>	<b>Date Activated:</b>
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**Elevator Contractor Registration Application**

<b>Select Registration Type:</b> <input type="checkbox"/> New Registration <input type="checkbox"/> Update Registration
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**SECTION I - LICENSE**

Certificate of Competency License #	Elevator Company License #
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**SECTION II – APPLICANT**

<b>License Holder’s Name:</b> (Name Must match name on driver’s license)	
<b>Home Mailing Address:</b>	
<b>License Holder’s Cell Phone Number:</b>	<b>License Holder’s Email Address:</b>

**SECTION III – BUSINESS**

<b>Business Name:</b> (As registered including DBA)	
<b>Business Mailing Address:</b>	
<b>Business Phone Number:</b>	<b>Business Email Address:</b>

**SECTION IV – SIGNATURE**

I swear and affirm that the above is correct, true, and accurate to the best of my knowledge.

Licensee’s Signature

**NOTARY PUBLIC**

**STATE OF FLORIDA** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of \_\_\_ physical presence or \_\_\_ online notarization,  
 this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ (year), by \_\_\_\_\_

(Name of person making the statement)

\_\_\_ Personally Known or \_\_\_ Produced Identification

Type of Identification Produced: \_\_\_\_\_

\_\_\_\_\_  
 (Signature of Notary Public – State of Florida)

\_\_\_\_\_  
 (Print, Type or Stamp Commissioned Name of Notary Public)

Notary Public

My Commission Expires: \_\_\_\_\_ (SEAL)