



Mail this form to:
P.O. Box 1529
Halifax NS B3J 2Y4

Individual Applicant Profile Information:

Name:

Title First and Middle Last Name

Civic Address (Not PO Box):

Street # Street Name Unit/Suite/Apt #

City/Town/County Province Country

Postal Code

Mailing Address (If Different):

Street, P.O. Box, RR #, Site # , etc.

City/Town/County Province Country

Postal Code

Contact Information:

Home Phone #

Work Phone #

Fax #

Please Note: The submission of an application with payment does not guarantee application approval



**The Elevators and Lifts
INITIAL APPLICATION FOR LICENCE
FOR ELEVATING DEVICE**

To: Service Nova Scotia and Municipal Relations
Nova Scotia Business Registry
PO Box 1529
Halifax, NS B3J 2Y4

NOTE: You must attach a completed Business (or Personal) Applicant Profile Information sheet with this application form!

Under The Elevators and Lifts Act and the Regulations NSIN _____
(Installation number)

(name of applicant – PLEASE PRINT)

(mailing address) _____
(telephone number)

as _____ applies for ^{*2} a licence to operate
(specify "owner", "tenant", "agent" or "otherwise" ^{*1})

a _____ installation of a _____ elevating device
(specify "existing" or "new") (specify type of elevating device)

hereinafter called Installation, which is now located at

Street or Lot #	Street Name	Building Name

City/Town	County	Postal Code

for lifting or lowering _____ for the calendar years from _____ to _____, and makes the
(specify "passenger", "freight", or both)

following statements:

1. The premises on which this Installation is located are, to the best of my knowledge and belief, at present owned by

Name

Mailing Address (Street, P.O. Box, RR #, Site #, etc.)

City/Town/County	Province	Country

Postal Code	Telephone Number

2. To the best of my knowledge and belief the maximum capacity of this Installation is _____ pounds/kg, _____ persons, or _____ persons per hour, including an operator (if required);

3. _____ will be carrying out the regular preventive maintenance on
(registered elevator contractor)

this elevating device.

4. Herewith remittance of \$ _____ for the licence fee (Payable to the Minister of Finance).

5. This device is _____ owned.
(specify "Federally, Provincially or Privately")

Dated the _____ day of _____ 20 ____.

_____ (name PLEASE PRINT)	_____ (official capacity)
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(signature of submitter)

*1 Clause (r) of Section 2 of the Act reads as follows:
(r) "owner" means the person in charge of an elevating device as owner, tenant, agent or otherwise, but does not include an operator;

*2 Section 16 of the Act reads as follows:
16 No owner of an elevating device shall operate it or cause or permit it to be operated unless it is licensed under this Act.

Please Note: The submission of an application with payment does not guarantee application approval.

Payment Type:

Cheque

Money Order

VISA

MasterCard

American Express

Cheque or money order must be made payable to the *Minister of Finance*.

All payments must be in Canadian funds.

Post- dated cheques will not be accepted.

Credit Card Number

Exp. (mm/yy)

Card Holder's Name (as on card)

Card Holder's Signature

Amount: \$ _____

(All fees are non- refundable.)

Name (*Please Print*): _____ Title: _____

Signature: _____ Date: _____
(DD/MM/YYYY)

Contact Phone #: _____

If mailing this form back to us, please return it to:

**Nova Scotia Business Registry
P.O. Box 1529, Halifax, NS B3J 2Y4**