



The Elevators and Lifts Act
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 a licence to operate

(specify "owner", "tenant", "agent" or "otherwise")

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 following statements: (specify "passenger", "freight", or both)

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)

(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.

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**