



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

Individual Applicant Profile Information:

Name:

Title	First and Middle	Last Name
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Civic Address (Not PO Box):

Street #	Street Name	Unit/Suite/Apt #
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City/Town/County	Province	Country	Postal Code
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Mailing Address (If Different):

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

City/Town/County	Province	Country	Postal Code
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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 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, licence is issued for 3 years. 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 this elevating device. (registered elevator contractor)

4. Herewith remittance of \$ for the licence fee (See fee schedule on page 3). (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.

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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

Ex. (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**

Inspection Fee schedule

- a. A Passenger Elevator: \$ 426.61
- b. A Freight Elevator: \$ 426.61
- c. An Escalator: \$ 426.61
- d. A Dumb-Waiter: \$ 341.22
- e. A Manlift: \$ 426.61
- f. A Lift for Physically Disabled: \$ 255.93
- g. A Rope Tow: \$ 511.83
- h. A Pony Lift: \$ 511.83
- i. A Chair Ski Lift: \$ 1364.91
- j. A T Bar Lift: \$ 1194.30
- k. A Gondola Lift: \$ 1364.91
- l. A Reversible Ropeway: \$ 1364.91