

**Form 9**  
**Elevators and Lifts Act**  
**APPLICATION FOR REGISTRATION**  
**OF CLASS \_\_\_\_\_ CONTRACTOR**  
**(A, B, C or D)**

**To:** Chief Inspector  
Elevators and Lifts Inspection  
103 Garland Ave, 3<sup>rd</sup> floor  
Dartmouth NS, B3B 0K5

Under the Elevators and Lifts Act, and the regulations

\_\_\_\_\_  
(print or type name of applicant in full)

Of \_\_\_\_\_  
(number & street) (city, town or PO Box) (province & postal code) (phone number)

applies for \_\_\_\_\_ registration as a contractor, and makes the following statements:  
(initial or renewal)

1. The business carried on in Nova Scotia by this applicant is

\_\_\_\_\_  
(Specify constructing, installing, altering, repairing, maintaining, servicing, inspecting, examining or testing)

of \_\_\_\_\_  
(Specify elevators, dumbwaiters, escalators, moving walks, man lifts, passenger ways, incline lifts, construction and material hoists, stage lifts, lifts for persons with physical disabilities, or special elevating devices)

2. The names and certificate numbers of elevating device mechanics who hold a certificate of competency and will be employed by this applicant in Nova Scotia at the time this application is approved are (attach separate page if necessary):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

3. Herewith remittance of \$ \_\_\_\_\_ for the registration fee.  
Payment by **cheque or money order only** and payable to the Minister of Finance.

Dated at \_\_\_\_\_  
(address - city, town, or post office box) (province/postal code)

this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Name of Applicant (print) \_\_\_\_\_

Signature \_\_\_\_\_

Official Title \_\_\_\_\_