



Labour, Skills and Immigration

The Elevators and Lifts Act
APPLICATION FOR TRANSFER OF

Technical Safety Division LICENCE

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

NOTE: You must attach a completed Business Applicant Profile Information sheet for the new owner with this application form!

Under The Elevators and Lifts Act and the Regulations

(name of applicant - PLEASE PRINT)

(mailing address) (telephone number)

as applies for transfer of Licence No. (specify "owner", "tenant", "agent" or "otherwise")

granted to (name of licensee)

(address of licensee) (telephone number)

to operate a known as Installation No. (specify "elevator", "dumb-waiter", "escalator", "manlift" or etc.)

installed at

Street or Lot # Street Name

City/Town County Postal Code

And makes the following statements:

1. This applicant became owner in place of the above-named licensee on (date) as a result of (specify circumstances such as "change of ownership", "change of tenancy" or as the case may be)

2. To the best of my knowledge and belief a. the maximum capacity of this Installation is pounds/kgs, persons, or persons per hour, including an operator (if required): b. this installation is in a safe condition to be operated.

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

4. Herewith remittance of \$66.35 for the transfer fee (Payable to the Minister of Finance).

Dated at this 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;

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**