



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

Business Applicant Profile Information:

Business Name:

Operating Name

Canada Revenue Agency BN #: _____

N.S. Registry Of Joint Stock Companies #: _____

Business Civic Address (Not PO Box):

Street # Street Name Unit/Suite/Apt #

City/Town/County Province Country Postal Code

Business Mailing Address (If Different):

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

City/Town/County Province Country Postal Code

Business Address in Nova Scotia:

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

City/Town/County Province Country Postal Code

Business Contact Information:

Name Title

Primary Phone # Fax

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

Technical Safety Division

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 ^{*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 (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

Licence Fee schedule

- a. A Passenger Elevator: \$ 497.70
- b. A Freight Elevator: \$ 497.70
- c. An Escalator: \$ 497.70
- d. A Dumb-Waiter: \$ 398.10
- e. A Manlift: \$ 497.70
- f. A Lift for Physically Disabled: \$ 298.65
- g. A Rope Tow: \$ 597.15
- h. A Pony Lift: \$ 597.15
- i. A Chair Ski Lift: \$ 1592.25
- j. A T Bar Lift: \$ 1393.35
- k. A Gondola Lift: \$ 1592.25
- l. A Reversible Ropeway: \$ 1592.25