



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

Personal 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
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Postal Code

Mailing Address (If Different):

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

City/Town/County	Province	Country
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Postal Code

Contact Information:

Home Phone #

Work Phone #

Fax#

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

NOTE: You must attach a completed Business (or Personal) 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" ^{*1})

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 ^{*1} 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. _____ will be carrying out the regular preventive maintenance on this
(registered elevator contractor)
elevating device.

4. Herewith remittance of \$ _____ 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**