



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

Individual Applicant Profile Information:

Name:

Title First and Middle Last Name

Civic Address (Not PO Box):

Street # Street Name Unit/Suite/Apt #

City/Town/County Province Country Postal Code

Mailing Address (If Different):

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

City/Town/County Province Country 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 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 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

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