



To: Chief Inspector
Elevators and Lifts Inspection Services
103 Garland Ave., 3rd Floor
Dartmouth, NS B3B 0K5

Technical Safety Division

Business Applicant Profile Information:

Business Name:

Legal Entity including Operating Name

Canada Revenue Agency BN #: _____

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

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

Business Mailing Address (If Different):

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

City/Town/County	Province	Country
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Postal Code

Contact Information:

Name	Primary Phone #	Fax #
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Submission of Drawings and Specifications for Registration Elevators and Lifts Act

NOTE: You must attach a completed Business Applicant Profile Information sheet with this submission!

Under the Elevators and Lifts Act and the regulations the undersigned as

_____ (specify "owner", "registered contractor", "engineer" or as the case may be)

submits herewith in triplicate, for registration under Section 12 of the Act, the drawings and specifications of a

_____ (specify "new installation" or "major alteration")

of a _____ for lifting or lowering _____
(specify type of elevating device) ("passengers" or "freight" or both)

located at

Street or Lot # _____ Street Name _____

City/Town _____ County _____

Postal Code _____

Those premises are at present owned by

Name _____

Mailing Address (Street, P.O. Box, RR #, Site #, etc.) _____

City/Town/County _____ Province _____ Country _____

Postal Code _____ Telephone Number _____

The drawings and specifications were prepared by

_____ (name/ mailing address)

as

_____ (specify "engineer", "registered contractor", or "owner")

Herewith remittance of \$ _____ for the fees for the registration of the drawings and specifications.

Dated at _____ this _____ day of _____ 20 ____.

Engineer's Stamp and Statement:

<p>(Please Place Nova Scotia Stamp Here)</p>	<p>I certify that the statements made in this submission are correct and that the design and construction of the elevating device conforms to the requirements of the Nova Scotia Elevators and Lifts Act and Regulations and the applicable CSA Safety Standard.</p> <p>CAN/CSA Standard: _____</p>
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_____ (name PLEASE PRINT)

_____ (official capacity)

_____ (signature of submitter)

This form, with all blanks filled in, together with the drawings and specifications (**in triplicate**), a completed Business Applicant Profile Information sheet and the fees, should be sent or delivered to the Chief Inspector, Elevators & Lifts Inspection Service, Labour and Advanced Education, 103 Garland Ave., 3rd floor, Dartmouth, NS B3B 0K5

General Data

Manufacturer _____

Capacity _____ pounds kilograms persons per hour
(please indicate that which applies)

Speed _____ feet per minute metres per second
(please indicate that which applies)

Travel _____ feet metres inches millimetres
(please indicate that which applies)

Maximum Persons _____

Type of Service _____

Type of Control _____

Machine Location _____

Type of Machine _____

Roping _____

Drum or Sheave Diameter _____

Motor Size _____ HP _____ Volts _____ Phase _____ Cycles

Main Line Disconnect Switch Amps _____ with _____ Amp. Fuses

Governor Tripping Speed _____ feet per minute metres per second
(please indicate that which applies)

Reverse Phase Relay _____ Firefighters' Elevators _____

Emergency Power _____

Emergency Brake _____

Car Data

Clear Width _____

Clear Depth _____

Clear Height _____

Type of Entrance Protection _____

No. of Entrances _____

Width of Entrances _____

Height of Entrances _____

Size of Escape Hatch _____ Location _____

Length of Platform Guard (Apron) _____

Type of Safeties _____

Hoistway Data

Type of Enclosure _____

No. of Entrances _____

Type of Entrance Protection _____

Width of Entrance _____

Height of Entrance _____

Height of Doors or Gates _____

Doors or Gates Operated By _____

Door or Gate Lock Type _____

Hoistway Data (continued)

Normal Terminal Stopping Devices _____
 Final Terminal Stopping Devices _____
 Stop Motion Switch _____
 Car Clearance Top _____
 Car Clearance Bottom _____
 Counterweight Clearance Top _____
 Counterweight Clearance Bottom _____
 Type of Buffers _____ Buffers Stroke _____
 Pit Depth _____
 Access to Pit by _____
 Passage under Hoistway _____
 Hoistway Ventilation _____
 Access to Governor by _____

Rope Data

Car (No. and Size) _____ Classification _____
 Breaking Strength _____
 Governor (Size) _____ Classification _____
 Breaking Strength _____
 Compensation (No. and Size) _____ Classification _____

Hydraulic Data

Plunger: O.D. _____ I.D. _____ Wall Thickness _____
 Cylinder: O.D. _____ I.D. _____ Wall Thickness _____
 Head Thickness: Plunger _____ Cylinder _____
 Length: Plunger _____ Cylinder _____
 Working Pressure _____
 Relief Value Pressure _____
 Pressure Gauge Fitting _____
 Top Car Runby _____
 Bottom Car Runby _____

Miscellaneous Data

Size of Car Guide Rails _____
 Size of counterweight Guide Rails _____
 Levelling or Inching _____
 Class of Loading _____
 Weight of Car _____
 Weight of Counterweight _____
 Weight of Machine _____
 Weight of Deflection Sheave _____

Steel Data

Crosshead: Size _____ Type _____ Length _____ Wt. Per Ft. _____
 Plank: Size _____ Type _____ Length _____ Wt. Per Ft. _____
 Styles: Size _____ Type _____ Length _____ Wt. Per Ft. _____
 Platform Frame: Size _____ Type _____ Length _____ Wt. Per Ft. _____
 Overhead Beams: Size _____ Type _____ Length _____ Wt. Per Ft. _____

General Remarks

For Departmental Use Only

Type of Elevating Device _____

Installation No. _____

Federally Owned
 Hydraulic
 Traction

Registered this _____ day of _____ 20 _____.

By _____
(signature of Chief Inspector)

Drawings returned to _____ Date _____

Drawings filed _____

Notes
