



Labour and Workforce Development
 Building, Fire and Technical
 Safety Division

To: Chief Inspector
 Elevators and Lifts Inspection Services
 PO Box 697, Halifax, NS B3J2T8

**Elevators and Lifts Act
 Request for Cancellation
 of
 Elevating Device Licence**

_____ (name of licensee – PLEASE PRINT)

_____ (mailing address) _____ (telephone number)

as _____ applies for cancellation 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 _____

Cancellation Reasons:

- Device being removed
- Device no longer in service
- Building being demolished
- Building vacant
- Other _____

Additional Comments (please provide brief written description of reason for cancellation request)

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;