



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

**Individual Applicant Profile Information:**

**Name:**

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Title	First and Middle	Last Name
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**Civic Address (Not PO Box):**

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Street #	Street Name	Unit/Suite/Apt #
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City/Town/County	Province	Country	Postal Code
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**Mailing Address (If Different):**

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

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City/Town/County	Province	Country	Postal Code
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**Contact Information:**

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Home Phone #

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Work Phone #

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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 <sup>\*2</sup> a licence to operate  
(specify "owner", "tenant", "agent" or "otherwise" <sup>\*1</sup> )

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 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**

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**Licence Fee schedule**

- a. A Passenger Elevator: \$ 456.60
- b. A Freight Elevator: \$ 456.60
- c. An Escalator: \$ 456.60
- d. A Dumb-Waiter: \$ 365.31
- e. A Manlift: \$ 456.60
- f. A Lift for Physically Disabled: \$ 273.99
- g. A Rope Tow: \$ 547.95
- h. A Pony Lift: \$ 547.95
- i. A Chair Ski Lift: \$ 1461.21
- j. A T Bar Lift: \$ 1278.57
- k. A Gondola Lift: \$ 1461.21
- l. A Reversible Ropeway: \$ 1461.21