



NOTE: We require the fully completed application form, accompanied by the fee, in order to issue the licence.

ACCEPTANCE REPORT NO. _____

OWNER NO. _____ **LICENCE NO.** _____

(For Department Use)

Application for Elevator Licence

Every owner shall, on or before January 1 of each year, apply for an annual licence as required under Section 23 of The Regulations Respecting Passenger and Freight Elevators for each elevator to be operated in the ensuing year.

Owner _____

(NOTE: When a "Management Company" OR someone other than the owner, is looking after the owner's affairs, indicate mailing address as: "c/o Name of Managing Company, then mailing address".)

Mailing Address of where Licences/Renewals are to be sent _____

Town/City/Prov. _____ **Postal Code** _____

Contact Person _____ **Phone #** _____ **Fax #** _____

(to whom Licences/Renewals should be sent) Email _____

Type of Elevator _____ **Identification of Elevator** _____

(i.e., Passenger, Freight, Belt Manlift, Wheelchair, etc.) (i.e., #1, #2, #3, East, West, Left, Right, etc.)

Name of Building that Elevator is situated in: _____

Physical Address: **AND** _____

Town/City/First Nation where Elevator is situated: _____

| | |
|------------------------------------|----------|
| Passenger Elevator | \$176.00 |
| Freight | 176.00 |
| Hand Power Freight | 75.00 |
| Power-driven Dumbwaiter | 100.00 |
| Belt Manlift | 100.00 |
| One Escalator | 100.00 |
| Escalator in Series: | |
| First Escalator | 100.00 |
| Each Additional Unit | 50.00 |
| Elev. Device for Handicapped | 84.00 |

Make remittance payable to Minister of Finance and return with completed application form to:

Ministry of Corrections, Public Safety and Policing
Elevator Licensing
Room 330, 1855 Victoria Avenue
REGINA SK S4P 3T2

Signature of Applicant

Fee Enclosed \$ _____