



Communities, Land and Environment

Application for Elevator and Lifts Contractor's Licence

Freedom of Information and Protection of Privacy

Personal information on this form is collected under section 31(c) of the Freedom of Information and Protection of Privacy Act R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for the administration of the Elevator, Lifts and Installer's Registration Program. If you have questions about this collection of personal information, you may contact the Chief Inspector - Elevator, Lifts and Amusement Devices; Department of Communities, Land and Environment; 31 Gordon Drive; PO Box 2000; Charlottetown; PE C1A 7N8 Tel: (902) 368-5280.

Business Information

Name:		Phone:
Address (street/civic):		
City:	Province:	Postal Code:
Fax:	Cell:	Email:
Name of Contact Person:		

License Class

- Level I** Required to install, construct, reconstruct, maintain, or alter any elevating device.
- Level II** Required to install, construct, reconstruct, maintain, or alter lifts for person with physical disabilities.

Contractor Qualifications

An Elevator and Lifts Contractor's License Class A or B may be issued to a person or company who is qualified under Section 9.2 of the *Elevator and Lifts Act* Regulations or has under his or her employ a qualified Level I or Level II Registered Installer.

Fees and License Information

The fee for an Elevator and Lifts Contractor's License is \$300.00

An Elevator and Lifts Contractor's License is valid for a maximum period not exceeding thirty-six (36) months from the date of issuance, as shown on the license.

Please complete this form and return it with the fee of **\$300.00** to the Department of Communities, Land and Environment, Inspection Services Branch, 31 Gordon Drive, PO Box 2000, Charlottetown, PE. C1A 7N8.

Cheques should be made payable to the Minister of Finance.

Declaration

I hereby confirm that I meet the qualifications for a Contractor's License in accordance with the licensing requirements in the *Elevator and Lifts Act* Regulations or have in my employ a person who does meet these qualifications.

Applicant Signature _____ Date: _____

Administrative Use

Date:		License Class:	I <input type="checkbox"/>	II <input type="checkbox"/>
Fee:		License Approved:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Receipt No.:		Comments:		
Received by (Initials):		Date of Approval:		
Recommendation by Chief Inspector - Elevator, Lifts and Amusement Devices:				