



Form 5
APPLICATION FOR A CERTIFICATE OF COMPETENCY
Elevators and Lifts Act and The General Regulations

To: Chief Inspector
Elevators and Lifts Inspection Services
Nova Scotia Labour and Advanced Education
103 Garland Ave., 3rd floor
Dartmouth, NS B3B 0K5

Under the Elevators and Lifts Act and the General Regulations, I apply for an Elevating Device Mechanic Class A [], B [], or C [] certificate of competency and make the following statements:

1. APPLICANT DETAILS:

Name: (Please Print): _____
Surname Given Name & Initial

Residence Address: _____
Street

City Province Postal Code Telephone

Business Address: _____
Street

City Postal Code E-mail Telephone

Mailing Address: Business [] Residence [] Date of Birth: _____

2. EDUCATION: *(Note: Reproductions of all relevant diplomas and certificates must be submitted with this application.)*

(a) Secondary School:

Name & Location	Grade 12 Diploma Received		Year Diploma Granted
	Y	N	

(b) Post-Secondary Education:

Name & Address of Technical School or University	Years in Attendance		Diploma, Certificate or Degree
	From	To	

(c) Elevating Device Education Program:

Program	Location	Dates		Successful completion of mechanic's examination	
		From	To		
				Y	N
				Y	N
				Y	N
				Y	N

3. EXPERIENCE:

I have practical experience in construction, maintenance, service, or inspection of:

- (a) elevators, or
- (b) escalators, or
- (c) dumbwaiters, or
- (d) lifts for persons with physical disabilities, or
- (e) passenger ropeways, or
- (f) other (please specify) _____

as indicated in the following table:

Practical experience in	Type of installation (indicate by letter as above)	Dates		Position Held	Supervisor's Name	Employer
		From	To			
Construction of						
Maintenance of						
Service of						
Inspection of						

4. REFERENCES:

Names and complete addresses of two people who are can attest to your qualifications and technical experience; one of whom must be an immediate supervisor (where applicable):

(a.) Immediate Supervisor: _____

Address: _____
Street

City/Town Province Postal Code

Phone Number Fax Number E-Mail

(b.) Name: _____

Address: _____
Street

City/Town Province Postal Code

Phone Number Fax Number E-Mail

5. I am familiar with the Nova Scotia Elevators and Lifts Act and General Regulations, and understand my obligations stated therein.

6. I include my payment of \$_____ for the application fee.
(cheque or money order only, payable to the Minister of Finance)

7. I hereby certify that the information supplied by me on this application form, including any attachments, is true and correct to the best of my knowledge.

Date: _____ Signature: _____