

ELEVATING DEVICES CONTRACTOR LICENCE APPLICATION

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: The information on this form is collected to administer the provisions of the Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information & Privacy Analyst at 1-866-566-7233.

A. Applicant (PRINT clearly)

Company Name:					
Company Address:		Street No:	Street Name:	City:	Postal Code:
Suite No:					
Mailing Address:					
Complete mailing address if different :					
Business Phone:		Mobile Phone:		Fax:	
Email:			Contact Preference:		
			<input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other		
Technical Safety BC provides an online list of active contractors within the Province of B.C. for the convenience of the general public. The list includes all active contractors. Tick this box to be EXCLUDED from the online list: <input type="checkbox"/> . View list at: https://www.technicalafetybc.ca/find-contractor .					
Owner/ Company Officer Name:			Owner/ Company Officer Title:		
Owner/ Company Officer Phone:			Owner/Company Officer Email (Optional):		
BC Business Registration #:			Worksafe BC Registration #:		
I have read and understand my duties, responsibilities and obligations as a licenced Elevating Devices Contractor under the Safety Standards Act & Regulations.					
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature.					
Owner/ Company Officer Signature:			Date: MM DD YYYY		

B. Licence Class

Purpose of Application:	New <input type="checkbox"/>		Update/Renewal <input type="checkbox"/>				
Class:	<input type="checkbox"/> A	<input type="checkbox"/> RA	<input type="checkbox"/> MR	<input type="checkbox"/> C	<input type="checkbox"/> H	<input type="checkbox"/> IC	
Elevating Devices Applied For (Please indicate scope of work)	New Installation		Alteration		Maintenance		Manufacture
Electric Elevator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic Elevator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Escalator / Moving Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift for Persons with Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Freight Platform Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dumbwaiter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel Hoist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cartveyors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interior Cab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manlift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incline Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stage Lift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Elevating Devices Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wind Tower Lifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (indicate) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Documents

When submitting your application, ensure the following documents are attached in the following order. Confirm by indicating in the left-hand column.

Attached (Y/N)	Document (attach copy if applicable)	Office Use Only
	Regulatory Compliance Plan The Regulatory Compliance Plan is a formal framework specifying how the contractor will achieve compliance with applicable legal obligations. Specifically, it should describe the organizational structure and responsibilities, policies and procedures for the applied scope (manufacture, installation, alteration, maintenance, and repair), code compliance for associated products, emergency response /evacuation procedures and training plan for employees.	
	Applicable Operations Personnel (resumes, trade qualifications and certificates, and any relevant documents)	
	Maintenance Contract Forms (refer to Elevating Devices Safety Regulation – Section 2 – definition for mandatory maintenance)	
	Company Certificate of Incorporation and Corporate Summary	
	Liability Insurance Coverage	
	Emergency Contact Names/Numbers	
	WorkSafe BC Registration	
	A complete list of Certified Mechanics that are currently employed with your organization. Specifically, it should include the first name, last name and certification number for each mechanic. Please note: as the employment of certified mechanics with this contractor licence change, please ensure you remain in compliance with Section 3.2 of the Elevating Devices Safety Regulation.	