

Elevating Devices Contractor Licence Application

FRM-317-06 (2024-06-14)

Your Information

Tell Us About Your Business

Your information remains private with Technical Safety BC. See disclaimer below.

Business Name (N/A if sole proprietor operating under your own legal name)

BC Business No. (9 digit number)

Mailing Address

Street Address

City

Province/State

Postal Code/Zip Code

Country

Note: at least one number must be provided (123)456-7890

Business Phone

Mobile Phone

Email

Billing Address (If different from above)

Street Address

City

Province/State

Postal Code/Zip Code

Country

Contact Name(s) (At least one owner/director must be listed)

First Name	Last Name	Phone Number (123)456-7890	Email	Owner/ Director
		<input type="checkbox"/> Business <input type="checkbox"/> Mobile		<input type="checkbox"/>
		<input type="checkbox"/> Business <input type="checkbox"/> Mobile		<input type="checkbox"/>
		<input type="checkbox"/> Business <input type="checkbox"/> Mobile		<input type="checkbox"/>
		<input type="checkbox"/> Business <input type="checkbox"/> Mobile		<input type="checkbox"/>

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Licence Class

Application Type
 New

 Update

Class
 A

 RA

 MR

 C

 H

 IC

Elevating Devices being applied for

Scope Of Work	New Installation	Alteration	Maintenance	Manufacture
Electric Elevator	<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"/>
Escalator / Moving Walk	<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"/>
Freight Platform Lift	<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"/>
Personnel Hoist	<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"/>
Interior Cab	<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"/>
Incline Lift	<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"/>
Elevating Devices Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wind Tower	<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"/>

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Documents

Please indicate which of the following documents you are submitting with this application.

Attached (Y/N)	Document Type (attach copy if applicable to your application)	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)	
	Company Certificate of Incorporation and Corporate Summary	
	Liability Insurance Coverage	
	Certified Mechanics Provide a complete list of all the Certified Mechanics that are currently employed with your organization. Specifically, 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.	

Declaration

- I have read and understand my duties, responsibilities, and obligations as a licensed Contractor under the Safety Standards Act & Regulations.
- Submitting this form to Technical Safety BC constitutes your authorization.

Owner/Contact Name

Signature

Date: MMM - DD - YYYY

What To Do Next

Include the following with your application:

All documentation you have indicated will be attached.

Submit this form to:

Technical Safety BC
 Suite 600
 2889 East 12th Avenue,
 Vancouver, BC V5M 4T5
Contact@technicalsafetync.ca

Need help?

Contact us
 1 866 566 7233
technicalsafetync.ca/contact-us

Disclaimers

Personal Information

Technical Safety BC collects your personal information for the purpose of administering provisions under the Safety Standards Act and may need to disclose this information to entities such as utilities, provincial agencies, and municipalities. By submitting this form, you are consenting to the disclosure described above. Any personal information collected is handled in accordance with the British Columbia Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Privacy and Records Management Program Lead at 1 866 566 7233.