



ELEVATING DEVICES APPLICATION RENEWAL OF CONTRACTOR'S LICENCE

THIS IS NOT A CONTRACTOR'S LICENCE

Company Name _____

Address _____ City _____ Province/Territory _____

Postal Code _____ Phone Number _____ Fax Number _____

Name

Signature of Applicant

Date

Classification

- Class A
- Class RA
- Class M
- Class C
- Class R
- Class RH
- Class AM

ALL FEES PAYABLE TO YUKON CONSOLIDATED REVENUE FUND

FOR OFFICE USE

Status _____ Expiry Date _____

Certificate Issued Yes No

Expiry Date _____
Amount \$ _____
Reference _____

Licence Type _____

Registration # _____

Elevator Inspector