Manitoba
Inspection and Technical Services
508-401 York Avenue
Winnipeg Manitoba Canada R3C 0P8
Phone: (204) 945-3373
Web: https://www.gov.mb.ca/labour/its

ITS ED Form 30 – Elevating Device Operating Permit Application & Owner Information Update

Technical Safety Act

Instructions: Email one permit application for each building to ITSEDIntake@gov.mb.ca

☐ **New Operating Permit** ☐ **Change of Owner/Billing**

I. LOCATION INFORMATION		
BUILDING NAME		
ADDRESS	CITY, PROVINCE	POSTAL CODE
CONTACT NAME	CONTACT NUMBER	EMAIL ADDRESS

II. ELEVATING DEVICE OWNER INFORMATION – Certificate is mailed to here		
NAME OF BUILDING OWNER		
ADDRESS	CITY, PROVINCE	POSTAL CODE
CONTACT NAME	CONTACT NUMBER	EMAIL ADDRESS

☐ **Same as (II) above**

III. BILLING INFORMATION – Invoice is sent to here. Name and address of the entity and/or agent acting on behalf of the elevating device owner, not the general contractor.		
BUILDING NAME		
ADDRESS	CITY, PROVINCE	POSTAL CODE
CONTACT NAME	CONTACT NUMBER	EMAIL ADDRESS

IV. ELEVATING DEVICE INFORMATION FOR CHANGE OF OWNERSHIP/BILLING	
MB UNIT #(s) List all MB Unit Numbers for this building	Reason for change of billing

V. APPLICANT DECLARATION

I hereby declare:

1) I understand the elevating devices shall conform to the Technical Safety Act and Regulation and all other applicable codes and is entirely the responsibility of the owner to ensure the elevating devices have a maintenance control program, and required periodic tests are completed by elevating device contractor.
2) Immediately notify Inspection and Technical Services of any changes to billing and ownership changes using this form.
3) Operating Permits will be posted on site readily available for inspectors.
4) Comply with all inspection orders issued by Inspection and Technical Services.

NAME	SIGNATURE	DATE

INSPECTION AND TECHNICAL SERVICES OFFICE USE ONLY			
LOCATION #	OWNER #	BILLING #	ELEVATOR #