

Alberta Elevating Devices and Amusement Rides Safety Association

APPLICATION FOR CERTIFICATE OF OPERATION

AMUSEMENT RIDES SUPPLEMENTARY FORM FOR NEW AND ALTERED RIDES MANUFACTURED AFTER JANUARY 1, 2002

(a new ride is a ride that has never operated in Alberta)

PLEASE PRINT ALL INFORMATION

In accord with Alberta Regulation 223/2001 amusement rides and devices that are manufactured after January 1, 2002, and new concept ride devices as determined by Alberta Government Policy or Elevating Devices Technical Administrator, must comply with the Z267-00 Safety Code for Amusement Rides and Devices. For those rides complete this form, attach any additional materials indicated and submit it along with the application for certificate of operation for that ride. An hourly drawing review fee will be charged (based on AEDARSA current hourly rate) to a maximum of \$400.00 plus GST.

1. This application is for a: New Ride: _____ Alteration: _____ 1(a). Portable Ride: _____ Permanently Located Ride: _____

2. Applicant or Agent:
(Company Name, Street, City and Postal Code) _____

3. Site Address of Fixed Facility:
(Park or Facility Name, Street, City and Postal Code) _____

4. Fixed Site Owner or Agent:
(Owner/Company Name, Street, City, Postal Code and Person in Charge) _____

5. Fixed Site Design Engineer:
(Owner/Company Name, Street, City, Postal Code and Person in Charge) _____

6. Ride Owner:
(Company Name, Street, City, Postal Code and Person in Charge) _____

7. Owner's Name for Ride: _____ Manufacturers Name for Ride: _____

8. Type of Ride: Adult _____ Adult/Children _____ Children Only _____ Inflated _____ Bungee (Jump/Trampoline) _____

9. Manufactured By: (Company Name) _____ Serial Number: _____ Date Manufactured: _____

10. (a) List all submitted drawings here. Include as a minimum, drawings showing general arrangement of the ride or device and passenger carriers, elements and Structure per Clause 4.1.5 (for rides mounted on fixed foundations).

(b) Other information and documents required in support of this application as per the Z267-00 code;

- Data per the ride/device Information Plate per Clause 4.1.3
- Information per Clause 4.1.4 (Information additional to data on the above Information Plate)
- Verification by manufacturer that the manufacturing process complies with Clause 4.2
- Manufacturers report on ride/device developmental tests and test results per Clause 6.2.1.2.3
- Manufacturer's installation inspection procedures per Clause 6.1.3
- Manufacturer's operational tests per Clause 6.1.4
- Manufacturer's written inspection procedures as provided to owners per Clause 6.2.2.1.4 and updates per Clause 6.2.2.1.5
- Manufacturer's maintenance manual per Clause 7
- Manufacturer's operating instructions per Clause 8
- Manufacturer's recommended non destructive test schedule per Appendix C, Clause C3

Submit at least 1 copy of each document. (Note: Attach Additional Information as Required)

11. Alteration: Describe the scope of the proposed alteration. Drawings and specifications submitted for alterations may be limited to the scope of the alteration. (Note: Attach Additional Information as Required)

12. PROFESSIONAL ENGINEER'S STATEMENT (Check as applicable)

A. Yes ___ The Amusement Ride in this application is designed and manufactured in accord with CSA Standard Z267-00 Safety Code for Amusement Rides.

B. Yes ___ **Equivalency:** The amusement ride in this application is designed and manufactured in accord with the following standard(s).

(Specify the Standard(s) & country of origin)
The above standard(s) meets or exceeds applicable design requirements of CSA Standard Z267-00.

C. Yes ___ **Proven Design:** The design and manufacture of the amusement ride in this application is fundamentally identical to other rides that have an established record of safe operation of more than five (5) years in service.

D. Yes ___ I have reviewed the contents of all the drawings, manuals, and documents submitted in support of this application.

Signature of P. Eng. _____

13. PROFESSIONAL ENGINEER'S SEAL

14. APPLICANT'S SIGNATURE _____ PRINT NAME _____ DATE _____

AEDARSA USE ONLY

Reviewed By: _____ Date: _____

SCO# _____