

Alberta Elevating Devices and Amusement Rides Safety Association

APPLICATION FOR CERTIFICATE OF CONSTRUCTION AND MAJOR ALTERATION

**ELEVATORS, ESCALATORS, DUMBWAITERS, MOVING WALKS, FREIGHT PLATFORM LIFTS
LIFTS FOR PERSONS WITH PHYSICAL DISABILITIES, PERSONNEL HOISTS, MANLIFTS**

PLEASE PRINT ALL INFORMATION

All sections of this form must be completed (with correct information) to be processed.

(i.e. Initial inspections will not be scheduled if the application is not complete when submitted.)

AEDARSA Assigned E#

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <p>1. This application is for a certificate of: Construction _____ Major Alternation _____ (Check beside the type of application) NOTE: Use one application form for each conveyance)</p> | <p style="text-align: center;">FEE</p> <hr/> <p style="text-align: center;">See Note 1 Reverse Side for Fee Schedule</p> |
| <p>2. Applicant: _____ (Company Name, Address and Postal Code)</p> | |
| <p>3. Site Address: _____ (Area or Building Name, Street, City and Postal Code)</p> | |
| <p>4. Building Owner or Agent: _____ (Owner's or Company Name, Address, Postal Code and Person in Charge)</p> | |
| <p>5. Building General Contractor: _____ (Company Name, Address, Postal Code and Person in Charge)</p> | |
| <p>6. Building Engineer/Architect: _____ (Company Name, Address, Postal Code and Person in Charge)</p> | |
| <p>7. Class of Fixed Conveyance: _____ <small>(See Note 2 Reverse Side)</small></p> | <p>8. Type of Fixed Conveyance: _____ <small>(See Note 3 Reverse Side)</small></p> |
| <p>9. Emerg. Power: Yes ___ No ___ Special Emerg. Service (SES): Yes ___ No ___ SES Required by Bldg Enforcing Authority: Yes ___ No ___</p> | |
| <p>10. Manufactured By (Company Name): _____ Serial Number: _____</p> | |
| <p>11. List all professional engineers stamped and endorsed drawings and other documents submitted in support of this application: Submit at least 2 copies of each document. (1 will be retained for our records, the remainder returned for the submitters records)</p> <p style="text-align: right;"><small>Note: Attach Additional Information as Required</small></p> | |
| <p>12. Major Alteration: Describe the scope of the proposed alteration. Drawings and specifications submitted for major alteration may be limited to the scope of the alteration.</p> <p style="text-align: right;"><small>Note: Attach Additional Information as Required</small></p> | |
| <p>13. Indicate if this is a resubmission: YES _____ NO _____ If the equipment or its arrangement is changed after plans have been registered revised plans covering the changes must be resubmitted for acceptance.</p> <p style="text-align: right;"><small>Note: Attach Additional Information as Required</small></p> | |
| <p>14. Is the submission based on a previously issued Provincial Variance?: YES _____ NO _____ If YES what is the AMA Variance Number _____ Note: By signifying YES you are indicating the submission is designed in full compliance with the original granted variance and there are no design changes to that variance.</p> | |
| <p>15. ALBERTA PROFESSIONAL ENGINEER'S STATEMENT</p> <p>The code used for design, manufacture and installation of the fixed conveyance in this application is CSA Standard: _____ (See Note 4 on Reverse Side)</p> <p>This is to certify that the elevating device or major alteration to the elevating device in this application complies with the above referenced code.</p> <p>Signature: _____</p> | <p>16. ALBERTA PROFESSIONAL ENGINEER'S SEAL</p> |
| <p>APPLICANT: FOR ADDITIONAL INFORMATION REGARDING FEES AND MAILING ADDRESS PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT</p> | |
| <p>APPLICANT'S SIGNATURE _____ PRINT NAME _____ DATE _____</p> | |
| <p>DEPARTMENT USE ONLY</p> | |
| <p>Certificate issued: Yes ___ No ___ Variance granted: Yes ___ No ___ Conditions attached: Yes ___ No ___</p> | |
| <p>Application reviewed by _____ Date: _____ <small style="margin-left: 350px;">SCO #</small></p> | |
| <p>Cashier Validation</p> | |
| <p>CHEQUE #: _____</p> <p>AMOUNT: _____</p> <p>DATED: _____</p> <p>RECEIVED: _____</p> | |

FOR YOUR INFORMATION

Note 1: The fee schedule for Certificates of Construction or Major Alteration is as follows:

| TYPE OF DEVICE | FEE | GST | TOTAL FEE |
|------------------------------------------------------------|------------|------------|------------------|
| a) passenger elevator, freight elevator or personnel hoist | | | |
| i) that serves 10 floors or fewer | \$200.00 | \$10.00 | \$210.00 |
| ii) that serves more than 10 floors | \$400.00 | \$20.00 | \$420.00 |
| b) freight platform lift | \$150.00 | \$7.50 | \$157.50 |
| c) dumbwaiter | \$100.00 | \$5.00 | \$105.00 |
| d) escalator | \$200.00 | \$10.00 | \$210.00 |
| e) speedwalk or speedramp | \$200.00 | \$10.00 | \$210.00 |
| f) manlift | \$200.00 | \$10.00 | \$210.00 |
| g) inclined passenger lift | \$200.00 | \$10.00 | \$210.00 |
| h) lifts for persons with physical disabilities | \$50.00 | \$2.50 | \$52.50 |

Note: The fee for a certificate of alteration with respect to a fixed conveyance is 50% of the fee set out for the applicable certificate of construction.

| Note 2: Class of Fixed Conveyance(s) | Note 3: Type of Fixed Conveyance(s) |
|-------------------------------------------------|---------------------------------------------------------------------------------------|
| Passenger | 1. Traction 2. Hydraulic 3. Drum |
| Freight | 1. Traction 2. Hydraulic 3. Drum |
| Personnel Hoist | N/A |
| Freight Platform | 1. Type A 2. Type B |
| Dumbwaiter | N/A |
| Escalator | N/A |
| Speedwalk | N/A |
| Speedramp | N/A |
| Manlift | 1. Power Type 2. Belt Lift |
| Lifts for Persons with Physical Disabilities | 1. Vertical enclosed 2. Vertical unenclosed 3. Stair Platform 4. Stair Chair |

Note 4: Adopted Codes in Alberta are CSA Standards:

- (a) CAN/CSA-B44-07 Safety Code for Elevators, Escalators, Dumbwaiters, Moving Walks, Freight Platform Lifts
- (b) CAN/CSA-B355-00 Supplement 1 Lifts for Persons with Physical Disabilities
- (c) CSA/B311-02 Safety Codes for Manlifts
- (d) CAN/CSA-Z185-M87 Safety Code for Personnel Hoists

Note 5: Mailing Information:

AEDARSA
 ALBERTA ELEVATING DEVICES AND
 AMUSEMENT RIDES SAFETY ASSOCIATION
EDMONTON OFFICE
 207, 8616 - 51 Avenue
 Edmonton, Alberta
 T6E 6E6

NOTE 6: Make fees payable to:

AEDARSA (ALBERTA ELEVATING DEVICES and AMUSEMENT RIDES SAFETY ASSOCIATION)