

Alberta Elevating Devices and Amusement Rides Safety Association

APPLICATION FOR CERTIFICATE OF OPERATION

AMUSEMENT RIDES
SUPPLEMENTARY FORM FOR NEW AND ALTERED RIDES
 (A new ride is a ride that has never operated in Alberta)

PLEASE PRINT ALL INFORMATION

In accord with **Alberta Regulation 28/2012 amusement rides and devices**, and new concept ride devices as determined by **Alberta Government Policy or Elevating Devices Technical Administrator**; shall comply with the **ASTM F2783-14 Standard Practice for Design, Manufacture, Operation, Maintenance, and Inspection of Amusement Rides and Devices, in Canada and referenced standards**. 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 F1193-14 Clause 10.15 (for rides mounted on fixed foundations).
 (b) Other information and documents required in support of this application as per the ASTM F2783-14-code;

- Data per the ride/device Information Plate per F1193-14 Clause 10 Information Requirements
- Information per F1193-14 Clause 10 Information Requirements
- Verification by manufacturer that the manufacturing process complies with F1193-14 Clause 6 Manufacturing
- Manufacturers report on ride/device developmental tests and test results per F1193-14 Clause 12 Testing Performance Requirements
- Manufacturer's installation inspection procedures per F1193-14 Clause 12.2
- Manufacturer's operational tests per F1193-14 Clause 12.3
- Manufacturer's written inspection procedures as provided to owners per F770-14 Clause 7 and-F1193 Clause(s) 7 & 15
- Manufacturer's maintenance manual per F1193-14 Clause 13
- Manufacturer's operating instructions per F1193-14 Clause 11
- Manufacturer's recommended non destructive test schedule per-F1193-14 Clause 12.4

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 ASTM F2783-14 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 ASTM F2783-14.

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# _____