

ALBERTA ELEVATING DEVICES & AMUSEMENT RIDES SAFETY ASSOCIATION
APPLICATION FOR CERTIFICATE OF OPERATION
AMUSEMENT RIDES

Please Print all Information

THIS APPLICATION COVERS ALL RIDES.

I. Owner Information

Company Name:
City:
Street:
Province: Postal Code:
Telephone #: Fax #:
Person in Charge E-mail:
Title:

II. Renewals: List all rides to be included in this application on Part 2. Ride Information

III. New Rides:

Complete an APPLICATION FOR CERTIFICATE OF OPERATION: SUPPLEMENTARY FORM FOR NEW AND ALTERED RIDES EDA/046a and forward it and all related documents required in it with this application.

IV. Altered Rides: Attach a description of the alteration.

Complete an APPLICATION FOR CERTIFICATE OF OPERATION: SUPPLEMENTARY FORM FOR NEW AND ALTERED RIDES EDA/046a and forward it and all related documents required in it with this application.

V. Answer the following questions (check "yes" or "no" or 'N/A' for each question)

Table with 3 columns: Yes, No, N/A and 11 rows of safety questions.

Explain each "No" answer below: (Give reasons and explain how equivalency is achieved. Attach additional information if required)

Blank area for explaining "No" answers.

12. Planned opening date (or earliest date of ride operation for public) of Permanent Rides (at fixed sites) that operate on a seasonal basis in this application. M D Y

VI. Applicant Declaration

I, the undersigned, declare that the information provided in this application is true and correct.

Name (print) Signature Position/Title Date