Alberta Elevating Devices and Amusement Rides Safety Association APPLICATION FOR CERTIFICATE OF ALTERATION SPECIAL INSPECTION

All se	ASE PRINT ALL INFORMATIO actions of this form must be compl nitial inspections will not be sched	leted (with correct inforr				
1.	This application is for a certific	•	nspection		FEE \$100 (plus GST)	
	NOTE: Use one application form f	or each conveyance)			See Note 1 Reverse Side for Fe	e Schedule
2.	Applicant: (Company Name, Address and Postal Code)					
	Fusial Code)	Name of Person submitting application				
3.	Site Address: (Area or Building Name, Street, City and Postal Code)					
4.	Building Owner or Agent: (Owner's or Company Name, Address, Postal Code and Person in Charge)					
5.	Building General Contractor: (Company Name, Address, Postal Code and Person in Charge)					
6.	Building Engineer/Architect: (Company Name, Address, Postal Code and Person in Charge)					
7.	Class of Fixed Conveyance:	(See Note 2 Reverse Side) 8. Type of Fixed Conveyance: (See Note 3 Reverse Side) ame): Serial Number:				
9. 10.	List all professional engineers stamped and endorsed drawings and other documents (see 11b) submitted in support of this application: Submit at least 2 copies of each document. (1 will be retained for our records, the remainder returned to the submitters records)					
11.	Note: Attach Additional Information as Required Special Inspection Alteration: Describe the scope of the proposed alteration. Drawings and specifications submitted for alteration may be limited to the scope of the alteration.					
12.	Indicate if this is a resubmission	on: YES	NO		Note: Attach Additional Informa	tion as Required
	If the equipment or its arrangement is changed after plans have been registered revised plans covering the changes must be resubmitted for acceptance. Note: Attach Additional Information as Required					
13. APPLICANTS STATEMENT 14. ALBERTA PROFESSIONAL ENGINEER'S SEAL or AP				EAL or APPLICANTS SIGN	ATURE:	
	The code used for design, ma installation of the fixed convey application is ASME/CSA Star	yance in this				
	(See Note 4 on Reverse Side)					
	This is to certify that the ele this application complies wi referenced code.					
	APPLICANT'S SIGNATURE:					
	Print Name:					
DEPARTMENT USE ONLY						
Certificate issued: Yes No Variance granted: Yes No Conditions attached: Yes No						
Application reviewed by Date:						
			Cashier Validation			
CHEQUE #:						
	DUNT:		RECEIV	ED:	EDA	/045/rev11/16

The information collected on this form is subject to the access and privacy provisions of the Freedom of Information and Protection of Privacy (FOIP) Act.