

Alberta Elevating Devices and Amusement Rides Safety Association

APPLICATION FOR CERTIFICATE OF ALTERATION **SPECIAL INSPECTION**

PLEASE PRINT ALL INFORMATION NOTE: P.ENG Endorsement required for NON like for like components

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#

<p>1. This application is for a certificate of: Special Inspection _____</p> <p>NOTE: Use one application form for each conveyance)</p>	<p style="text-align: center;">FEE</p> <p style="text-align: center;">\$100 (plus GST)</p> <p style="text-align: center; font-size: small;">See Note 1 Reverse Side for Fee Schedule</p>		
<p>2. Applicant: _____ (Company Name, Address and Postal Code)</p> <p style="text-align: center;">Name of Person submitting application</p> <table border="1" style="width: 100%; height: 20px; margin-left: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>			
<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. Manufactured By (Company Name): _____ Serial Number: _____</p>			
<p>10. List all professional engineers stamped and endorsed drawings and other documents (see 11b) submitted in support of this application: Submit 1 copy of each document.</p> <p style="text-align: right; font-size: small;">Note: Attach Additional Information as Required</p>			
<p>11. 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.</p> <p style="text-align: right; font-size: small;">Note: Attach Additional Information as Required</p>			
<p>12. 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; font-size: small;">Note: Attach Additional Information as Required</p>			
<p>13. APPLICANTS STATEMENT</p> <p>The code used for design, manufacture, and installation of the fixed conveyance in this application is ASME/CSA Standard:</p> <p>_____</p> <p><small>(See Note 4 on Reverse Side)</small></p> <p>This is to certify that the elevating device in this application complies with the above referenced code.</p> <p>APPLICANT'S SIGNATURE:</p> <p>_____</p> <p>Print Name:</p> <p>_____</p>	<p>14. ALBERTA P. ENGINEER'S Authentication or APPLICANTS SIGNATURE:</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: _____</p> <p style="text-align: center; font-size: small;">SCO #</p>			
<p>Cashier Validation</p>			
<p>CHEQUE #:</p> <p>AMOUNT:</p>	<p>DATED:</p> <p>RECEIVED:</p>		

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.