



Alberta Elevating Devices
& Amusement Rides
Safety Association

Application/Certificate of Operation Supplementary Form for New Inflated Amusement Device

Edmonton Office, #104, 8616 – 51 Avenue, Edmonton, AB T6E 6E6 | **Phone:** (780) 448-0184 | **Fax:** (780) 448-0237

Please Print All Information

In accord with Alberta Regulation 28/2012 a Certificate of Operation must be in effect for amusement rides that are operated in Alberta.

1 This application is for a:	New Inflated Device <input type="checkbox"/>	Portable Device <input type="checkbox"/>	Permanently Located Devices <input type="checkbox"/>
2 Applicant Name: (Name, Mailing Address, Phone Number, Email Address)	Name: _____	Mailing Address: _____	
	Phone Number: _____	Email Address: _____	
3 Site Name: (Park or Building Name, Address, City, Postal Code)	Park or Building Name: _____		Address: _____
	City: _____		Postal Code: _____
4 Agent/Owner: (Name, Mailing Address, Phone Number, Email Address)	Name: _____	Mailing Address: _____	
	Phone Number: _____	Email Address: _____	
5 Manufacture and/or Design Engineer: (Name, Mailing Address, Phone Number, Email Address)	Name: _____	Mailing Address: _____	
	Phone Number: _____	Email Address: _____	
6 Device Owner: (Name, Mailing Address, Phone Number, Email Address)	Name: _____	Mailing Address: _____	
	Phone Number: _____	Email Address: _____	
7 Owner's Name for Device:			
8 Manufacturer's Name for Device:			
9 Manufactured By: (Company Name)		Serial Number:	
10 List all drawings and other documents submitted in support of this application here: Submit at least 1 copy of each document. Include as a minimum, drawings showing general arrangement of device, flame spread rating of device, manufacturer's specifications for the device, manufacturer's instructions for erecting and dismantling the device, instructions for operating and maintaining the device, and safety instructions.			
Note: Attach Additional Information as Required			
11 Applicant's Signature:	Print Name:	Date:	