Alberta Elevating Devices and Amusement Rides Safety Association

APPLICATION FOR CERTIFICATE OF ALTERATION SPECIAL INSPECTION

PLEASE PRINT ALL INFORMATION
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 Assign AEDARSA Assigned E#

1.	. This application is for a certificate of: Special Inspection NOTE: Use one application form for each conveyance)				\$100 (plus GST)		
2.	Applicant: (Company Name, Address and Postal Code)	Name of Person subr	mitting application		See Note 1 Reverse S	ide for Fee Schedule	
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 Con-	veyance:	(See Note 3 Reverse Side)	
9.	Manufactured By (Company Na	ame):		Seria	l Number:		
11.	Submit at least 2 copies of each document. (1 will be retained for our records, the remainder returned to the submitters records) Note: Attach Additional Information as Required						
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.					acceptance.	
13.	APPLICANTS STATEMENT The code used for design, man installation of the fixed conveya application is ASME/CSA Stand (See Note 4 on Reverse Side) This is to certify that the elev this application complies with referenced code. APPLICANT'S SIGNATURE: Print Name:	ance in this dard:	14. ALBERTA P. ENG	GINEER'S Authentication	on or APPLICANTS SIG	I Information as Required NATURE:	
DEPARTMENT USE ONLY Certificate issued: Ves No. Variance granted: Ves No. Conditions attached: Ves No.							
Certificate issued: Yes No Variance granted: Yes No Conditions attached: Yes No Application reviewed by Date:							
SCO # Cashier Validation							
CHE	QUE #:		DAT				
	DUNT:		REC	EIVED:		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.