

AMUSEMENT DEVICES DESIGN REGISTRATION AND INSTALLATION PERMIT APPLICATION

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: The information on this form is collected to administer the provisions of the Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information & Privacy Analyst at 1-866-566-7233.

A. PERMIT INFORMATION					
Permit Type: <input type="checkbox"/> AM - New Installation <input type="checkbox"/> AM - Alteration			Work Class: <input type="checkbox"/> Inflatable Devices <input type="checkbox"/> Zipline <input type="checkbox"/> Kiddie Rides <input type="checkbox"/> Train Rides <input type="checkbox"/> Waterslides <input type="checkbox"/> Major Rides		
B. CONTACT INFORMATION					
Applicant Name: Licensed Contractor			Contractor License Number:		
Unit or Suite No.	Civic No.:	Street Name:	Street Type:	Street Direction: N S E W	
City:		Province:	Postal Code:		
Applicant email address:			Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mail		
C: SITE INFORMATION Location of work site (If Travelling Ride, identify winter quarters)					
Installation Name:					
Unit or Suite No.	Civic No.:	Street Name:	Street Type:	Street Direction: N S E W	
City:		Province:	Postal Code:		
D: OWNER INFORMATION (If different than Installing contractor)					
Name of Legal Owner of Device:					
Unit or Suite No.	Civic No.:	Street Name:	Street Type:	Street Direction: N S E W	
City:		Province:	Postal Code:		
E: ADDITIONAL PERMIT INFORMATION (As Applicable)					
Unit Mobility: <input type="checkbox"/> Fixed <input type="checkbox"/> Travelling		Total Travel _____ m Vertical Rise _____ m		Capacity Weight: _____ kg Passengers: _____ Height: Max ____ Min ____	
Operating Speed _____ m/s rpm					
Unit Name:			Manufacturer:		
Specifications: <i>Note: Specification drawings and Professional Engineer's Seal are not required for Inflatable Devices</i>					
Drawings Prepared by:			Professional Engineer's seal, date and signature:		
Drawings and specifications conform to applicable safety codes. Code:					
Supplement:					
Company Officer's Name:			Phone No.		
<input type="checkbox"/> Checking this box and submitting this form to Technical Safety BC via email constitutes your authorization. This has the same effect as submitting a handwritten signature.					
Company Officer's Signature:			Date of Application: MM DD YYYY		
F: FEE DECLARATION: (Refer to Technical Safety BC Amusement Devices fee schedule) GST #: 87391 2802 RT0001					
Design Registration and Acceptance Inspection Fee: \$ _____					

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