

Inspector Certificate Application

Amusement Rides and Elevating Devices Regulations

Applicant Details

1

Name of Applicant (Please Print)		
Business Address: Street		Municipality
Postal Code	Telephone	Email

Education/Training Program

2

Class A

Holds a Class A Elevating Device Mechanic Certificate and successfully completed the Qualified Elevator Inspector Certification Program offered by the National Association of Elevator Safety Authorities

Successfully completed an equivalent educational program acceptable to the chief inspector.

Program	Name of Institution & Location	Dates From	To	Proof of successful completion attached?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Class B

Holds a Class C Elevating Device Mechanic Certificate and has the following training:

Holds the following equivalent training and work experience

Course	Training Institution	Dates From	To	Proof of successful completion attached?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Class C

Holds a valid certificate from the Amusement Industry Manufacturers and Suppliers

Holds a valid certificate from the National Association of Amusement Ride Safety Officials

Holds the following certification

Course	Training Institution	Dates From	To	Proof of successful completion attached?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Note

3

- The holder of an Inspector Certificate shall immediately notify the chief inspector if the holder ceases to satisfy the requirements for certification under the Act or regulations.
- The chief inspector may suspend or cancel an Inspector Certificate in accordance with Section 12.2 of the Amusement Rides and Elevating Devices Regulations.

Renewal

3

An inspector certificate is valid for a period of 12 months from the date of issuance.

Class A

- Continues to hold a qualified elevator inspector certificate
- Continues to hold the following certification

Course	Training Institution	Dates		Proof of successful completion attached?
		From	To	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Class B

- Continues to hold the following certification

Course	Training Institution	Dates		Proof of successful completion attached?
		From	To	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Class C

- Continues to hold a valid certificate from the Amusement Industry Manufacturers and Suppliers, or
- Continues to hold a valid certificate from the National Association of Amusement Ride Safety Officials, or
- Continues to hold the following certification

Course	Training Institution	Dates		Proof of successful completion attached?
		From	To	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

The employer shall complete the testimonial verifying the certificate holder has been regularly employed as a certified inspector during the preceding 12 months.



Employer Testimonial

This section is to be completed by the company

1

I hereby certify that _____
Name of Candidate

has been employed by _____
Name of Employer

Name of Candidate

Name of Employer

Street Address of Employer

from _____ to _____. During this time, the candidate has had the following experience:

Number of Months	Certificate Class

Other courses completed (include in-house training exam results, etc) Provide all supporting documentation. Use attachments if necessary.

Course Name	Course Date	Completed Successfully?	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Company Representative Information

2

Name of Company Representative (Please Print)

Position Title

Signature of Company Representative

Date