

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		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

- ☐ 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		Proof of successful completion attached?
		From	To	
				<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		Proof of successful completion attached?
		From	To	
				<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

_____ Street Address of Employer

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

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

2

Company Representative Information

Name of Company Representative (Please Print)

Position Title

Signature of Company Representative

Date