Newfoundland & Labrador

Elevating Device Certificate Renewal Application

Amusement Rides and Elevating Devices Regulations

Applicant Details

1

Name of Company (Please Print)

Business Address: Street   Municipality

Postal Code   Telephone   Email

Device Details

2

Elevating Device Certificates to be renewed:

EDO #	Device Type	Location	Condition Report Attached?		OFFICE USE ONLY				
					Certificate Granted?		Inspection Required?		Chief Initials
			☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
			☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
			☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
			☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
			☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
			☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
			☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
			☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
			☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	
			☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	

Attach proof that a licenced elevating devices contractor has been engaged to maintain the devices listed above for the duration of the requested certificates

Licenced elevating device contractor name____

Proof of payment attached ☐ Yes ☐ No For payment, contact central cash (709) 729-3042

Company Representative Name (please print) ____

Company Representative Signature ____

EIS-AED-FOR-005-Rev.1: 2025 12

OFFICE USE ONLY

Chief Inspector Signature ____