

345 Carlingview Drive Toronto, Ontario M9W 6N9 Tel: (416) 734-3300 www.tssa.org

## Form Revision: August 31, 2022

## Application for Filing of

Aging Ski-Lift Periodic Engineering Review and Assessment

10	Submitter's Name							
11	Address							
12	Telephone							
13	Email							
14	Submitters Specification No.							
15	Installation No.							
16	Address of Installation							
17	No. of Years since start-up							
18	Aging Ski-Lift Assessment #							
19	Any variance(s) proposed?							
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20	Engineer who prepared the assessment							
21	Engineer's Employer							
22	Engineer's Address							
23	Telephone							
24	Email							
25	The undersigned attests on behalf of the Company/ Owner that he/she will comply with the requirements of the certified engineering review and assessment report to achieve compliance with the requirements of the Aging Ski Lift Assessment section in Part 5 of the CAD under the Elevating Devices Regulation.							
26	Official Capacity in Company							
27	Name							
28	Signature							
29	Date							
30	Filing Fee	Refer to Fee Schedule						
31	Priority Service Requested?							

## **Document Transmittal**

Supporting Documents: List all documents included as part of this submission							
Document Name		Date		ment Revision	No. of Pages		
Additional Pages Required? Y/N	If yes, list how many pages attached:			Total no. of pages			
141 Professional Engineer's Statema I hereby certify that this engineering requirements of Director's Order 22	g review and assessment report has	been prepared in accor	dance with the	142 P.Eng. Stamp, Signa	ature & Date		