

## ALTERNATIVE SAFETY APPROACH 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:** Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1-866-566-7233.

|  |          |  |                   |   |              |
|--|----------|--|-------------------|---|--------------|
| <b>A. APPLICATION DETAILS</b>  |          |  |                   |   |              |
| Alternative Safety Approach Type:<br><br>Equivalent Standard Approach<br>Safety Management Plan  |          | Application Type:<br>New Application<br>Renewal<br><input type="checkbox"/> Revision<br><input type="checkbox"/> Update contacts |                   | Technology (Select all that apply):<br><br><input type="checkbox"/> Gas<br><input type="checkbox"/> Electrical<br><input type="checkbox"/> Boiler, Pressure Vessel and Refrigeration<br><input type="checkbox"/> Amusement Devices<br><input type="checkbox"/> Elevating Devices<br><input type="checkbox"/> Passenger Ropeways |              |
| <b>B. EXISTING ALTERNATIVE SAFETY APPROACH DETAILS (Renewals and revisions only)</b>   |          |  |                   |   |              |
| Company Name:  |          |  |                   |   |              |
| Alternative Safety Approach Number:  |          |  |                   | Expiry Date:  |              |
| <b>C. APPLICANT INFORMATION</b>  |          |  |                   |   |              |
| Company Name:  |          |  |                   | Technical Safety BC Account #:  |              |
| Mailing Address:   | Suite No | Street No  | Street Name:      | City:   | Postal Code: |
| Primary Phone:   |          | Mobile Phone:  |                   | Email:  |              |
| Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address   |          |  |                   |   |              |
| BC Incorporation/Registration Number:  |          |  |                   |   |              |
| <b>D. ADMINISTRATIVE AUTHORIZED REPRESENTATIVE</b>   |          |  |                   |   |              |
| Name:  |          |  |                   | Role:   |              |
| Mailing Address:   | Suite No | Street No  | Street Name:      | City:   | Postal Code: |
| Primary Phone:   |          | Mobile Phone:  |                   | Email:  |              |
| Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address   |          |  |                   |   |              |
| <b>E. TECHNICAL AUTHORIZED REPRESENTATIVE</b>  |          |  |                   |   |              |
| Name:  |          |  |                   | Role:   |              |
| Mailing Address:   | Suite No | Street No  | Street Name:      | City:   | Postal Code: |
| Primary Phone:   |          | Mobile Phone:  |                   | Email:  |              |
| Preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mailing Address   |          |  |                   |   |              |
| <b>D. ADDITIONAL INFORMATION</b>   |          |  |                   |   |              |
| Proposal Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No  |          |  | Notes (Optional): |   |              |
| <p><b>NOTE:</b> Do not remit payment with this application. Once processed an invoice will be sent to you with payment instructions. For more information on application, assessment and oversight fees please see the Alternative Approaches fee schedule on our webpage at: <a href="http://www.technicalsaftybc.ca">www.technicalsaftybc.ca</a></p> |          |  |                   |   |              |
| <b>E: DECLARATION</b>  |          |  |                   |   |              |
| As the <b>Authorized Representative</b> , I declare that the information provided here is true and correct.  |          |  |                   |   |              |
| <p>Checking this box and submitting this form to Technical Safety BC <b>via email</b> constitutes your authorization. This has the same effect as submitting a handwritten signature.</p>  |          |  |                   |   |              |
| Signature: _____   |          |  |                   | Name (please print): _____  |              |
|  |          |  |                   | Date: _____   |              |



## **Application Guidance**

**Applicant** – must be the owner or primary operator of the site or premises, and/or regulated products that will be the subject of the Alternative Safety Approach.

**Administrative Authorized Representative** – must be an employee of the applicant, with sufficient authority to ensure the effective administration of the Alternative Safety Approach such as a director or senior manager.

**Technical Authorized Representative** – this individual serves as the main technical contact and is generally responsible for the day to day administration of the Alternative Safety Approach.

For more information on the Alternative Safety Approaches application process please see our [Process Overview Guide](#).

Alternatively, for any questions please contact the Safety Management Approaches Program at: [asa@technicalsaftybc.ca](mailto:asa@technicalsaftybc.ca)