

## PASSENGER ROPEWAY TRAINER CERTIFICATE OF QUALIFICATION 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 Technical Safety BC at 1-866-566-7233.

**This Application must be accompanied by the application fee, documented experience and proof of completion of Lift 150 as noted in Technical Safety BC Directive D-P4 040730 5.**

### A. Applicant (please PRINT clearly)

Last Name: <small>Legal Name</small>	Given Name:	Middle Initial:	Date of Birth: <small>MM DD YYYY</small>
Civic Address:			
Mailing Address: (If different from above)			
Primary Phone:	Mobile Phone:	Email:	
Title:			
Registration No.: (provided by Technical Safety BC)		Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other _____	
I have read and understand my duties, responsibilities and obligations as a registered Trainer under the Safety Standards Act & Regulations.			
<input type="checkbox"/> 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.			
Applicant Signature:			Date:

### B. Certification Requested for the following types of Passenger Ropeways

<input type="checkbox"/> Reversible Double	<input type="checkbox"/> Fixed Gondola	<input type="checkbox"/> Handle Tow
<input type="checkbox"/> Reversible Self-Powered	<input type="checkbox"/> Fixed Chairlift	<input type="checkbox"/> Tube Tow
<input type="checkbox"/> Reversible Single	<input type="checkbox"/> T-Bar	<input type="checkbox"/> Passenger Conveyor
<input type="checkbox"/> Detachable Gondola	<input type="checkbox"/> Platter	<input type="checkbox"/> Rope Tow
<input type="checkbox"/> Detachable Chairlift		

### C. Passenger Ropeway Company (if currently employed – by a Passenger Ropeway Company)

Company Name:		
Company Address:		
Mailing Address: (If different from above)		
Primary Phone:	Mobile Phone:	Fax:
Email:		Contact Preference: <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Other _____
Owner/ Contact Name:	Owner/ Contact Title:	
Owner/ Contact Phone:	Owner/Contact Email:	

Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.