

## AMUSEMENT RIDE / PASSENGER ROPEWAY INFORMATION SYSTEM CONFIRMATION OF CORRECTION OF NON-COMPLIANCES

**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:** The information on this form is collected to administer the provisions of the Safety Standards Act and section 26 of the Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information & Privacy Analyst at 1-866-566-7233.

**Instructions:** A separate form must be filled out for each installation. Fields in **bold** are mandatory and must be filled.

**Inspection File No:**

**A. INSTALLATION**

**Choose one:**

Amusement Ride

Passenger Ropeway

**Contractor Name:**

**Unit Number:**

**Inspection Date:**

MM / DD / YYYY

**Inspection Type:**

**Amusement Device or Ropeway Name:**

**Non-Compliance Corrected and Date Completed**

No.	Date Completed	Comp. No. <small>Office use only</small>	No.	Date Completed	Comp. No. <small>Office use only</small>

Checking this box and submitting this form to Technical Safety BC **via email** constitutes your authorization. This has the same effect as submitting a handwritten signature.

**Name of Person Certifying Completion:** PRINT NAME

**Signature:**

**Position:**

**Date:** MM / DD / YYYY

**B. Technical Safety BC Use Only**

Entered by:	Date Entered:	MM	DD	YYYY
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