

Amusement Rides & Devices Contractor Licence Application

FRM-1145-06 (2024-06-14)

What to include in this application

Please submit with the application, documents that detail your relevant experience. This could include previous experience, knowledge of mechanical or electrical trades, and/ or recognized amusement ride or device training such as NAARSO Certification or AIMS International courses.

Your Information

Tell Us About Your Business

Your information remains private with Technical Safety BC. See disclaimer below.

Business Name (N/A if sole proprietor operating under your own legal name)

BC Business No. (9 digit number)

Mailing Address

Street Address

City

Province/State

Postal Code/Zip Code

Country

Note: at least one number must be provided (123)456-7890

Business Phone

Mobile Phone

Email

Billing Address (If different from above)

Street Address

City

Province/State

Postal Code/Zip Code

Country

Contact Name(s) (At least one owner/director must be listed)

First Name	Last Name	Phone Number (123)456-7890	Email	Owner/ Director
		<input type="checkbox"/> Business <input type="checkbox"/> Mobile		<input type="checkbox"/>
		<input type="checkbox"/> Business <input type="checkbox"/> Mobile		<input type="checkbox"/>
		<input type="checkbox"/> Business <input type="checkbox"/> Mobile		<input type="checkbox"/>
		<input type="checkbox"/> Business <input type="checkbox"/> Mobile		<input type="checkbox"/>

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Licence Class

Application Type New Update

Amusement Rides & Devices being applied for

Type of Ride/Device	Maintain	Operate	Design	Construct
Major Ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kiddy Ride	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waterslide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inflatable Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personnel

An individual can check one or more Personnel Types.

First Name	Last Name	Role/JobTitle	Personnel Type	Qualifications (attach separate page if necessary)
			<input type="checkbox"/> Company Management <input type="checkbox"/> Operations <input type="checkbox"/> Maintenance	
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Declaration

- I have read and understand my duties, responsibilities, and obligations as a licensed Contractor under the Safety Standards Act & Regulations.
- Submitting this form to Technical Safety BC constitutes your authorization.

Owner/Contact Name**Signature****Date:** MMM - DD - YYYY

Office Use Only

Processed By**Licence No.****Document/File No.**

What To Do Next

Include the following with your application:

Documentation (such as resumes, certificates, proof of experience) in support of each individual personnel listed.

Submit your completed application and documents to:

Technical Safety BC
Suite 600
2889 East 12th Avenue,
Vancouver, BC V5M 4T5
Contact@technicalsafetybc.ca

Need help?

Contact us
1 866 566 7233
technicalsafetybc.ca/contact-us

Disclaimers

Personal Information

Technical Safety BC collects your personal information for the purpose of administering provisions under the Safety Standards Act and may need to disclose this information to entities such as utilities, provincial agencies, and municipalities. By submitting this form, you are consenting to the disclosure described above. Any personal information collected is handled in accordance with the British Columbia Freedom of Information and Protection of Privacy Act. If you have questions about the collection, use, or disclosure of this information, contact the Privacy and Records Management Program Lead at 1 866 566 7233.