

# Passenger Ropeway Contractor Licence Application

**FRM-1372-03**

## What to include in this application

Please submit with the application, documents that detail relevant experience, including previous passenger ropeway maintenance experience, for the people responsible for maintaining the passenger ropeways. You are also asked to provide any applicable trade certifications such as millwright or electrical trades and/ or evidence of recognized training for passenger ropeway mechanics such as the Lift 151-153 courses offered by Selkirk College.

## 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

<b>Application Type</b>	<input type="checkbox"/> New	<input type="checkbox"/> Update
<input type="checkbox"/> PRA	<input type="checkbox"/> PRB	<input type="checkbox"/> PRC <input type="checkbox"/> PRD

## 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@technicalsafetync.ca](mailto:Contact@technicalsafetync.ca)

**Need help?**

Contact us  
1 866 566 7233  
[technicalsafetync.ca/contact-us](https://technicalsafetync.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.