



Application Number: \_\_\_\_\_

Passenger Tramway Program
Application for New/Modification Registration of Ski Lifts

[ ] New [ ] Modification Tramway No.: \_\_\_\_\_
[ ] Winter [ ] Summer [ ] Nights

In accordance with the provisions of 31 V.S. A. Chapter 15, application is made for registration of the following described tramway.

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

If corporation or partnership, give names and address of officers or partners.

Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Tramway Name (i.e. Blue Lift, Little Spruce): \_\_\_\_\_

Tramway Type: [ ] T-Bar [ ] J-Bar [ ] Platter Pull [ ] Inclined Skier Conveyor [ ] Rope Tow [ ] Handle Tow
[ ] Chair Lift - [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 6
[ ] Two-Car Tramway
[ ] Gondola: Number of Passengers \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Design Engineer: \_\_\_\_\_

Construction Engineer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Installed By: \_\_\_\_\_ Load Test Date: \_\_\_\_\_

Slope Length (center line bullwheels): \_\_\_\_\_ Vertical Rise: \_\_\_\_\_

Design Capacity (people per hour): \_\_\_\_\_ Number of Carriers: \_\_\_\_\_ Initial: \_\_\_\_\_

Ultimate maximum operating speed in feet per minute: \_\_\_\_\_

Haul Cable: Size \_\_\_\_\_ Type: \_\_\_\_\_ Date Installed: \_\_\_\_\_

Track Cable: Size \_\_\_\_\_ Type: \_\_\_\_\_ Date Installed: \_\_\_\_\_

Bullwheel Diameter: Drive \_\_\_\_\_ Return: \_\_\_\_\_

Are bullwheels equipped with plane monitoring switches? [ ] Yes [ ] No

Tension Device Type: [ ] Counterweight [ ] Hydraulic [ ] Nitrogen

Counterweight Cable Diameter: \_\_\_\_\_ Counterweight (lbs.): \_\_\_\_\_

Number of Towers: \_\_\_\_\_ Type: \_\_\_\_\_ Ski tip guards on towers? [ ] Yes [ ] No

Minimum clearance between tower and carrier (when swung per ANSI code): \_\_\_\_\_

Are towers equipped with supervised safety circuit? [ ] Yes [ ] No

Manufacturer of safety circuit: \_\_\_\_\_ Date of last safety circuit inspection: \_\_\_\_\_

Type of deropement switches: \_\_\_\_\_

Type of cable position monitoring switches: \_\_\_\_\_

Grip/hanger attachment type: Fixed Detachable

Manufacturer of hanger attachment: \_\_\_\_\_ Date Built: \_\_\_\_\_

Maximum height of carriers above ground: \_\_\_\_\_ feet

Primary drive type: AC DC Manufacturer: \_\_\_\_\_

HP: \_\_\_\_\_ Voltage: \_\_\_\_\_ Running Amperage: \_\_\_\_\_

Evacuation drive:  Gas Diesel Hydraulic Power transmission type: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ HP: \_\_\_\_\_

Auxiliary drive:  Gas Diesel Hydraulic Power transmission type: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ HP: \_\_\_\_\_

Gearbox manufacturer and model number: \_\_\_\_\_

Distance between power line and tramway structures: \_\_\_\_\_ Voltage of line: \_\_\_\_\_

Are tramway towers and cables grounded? Yes No

Description of modification: \_\_\_\_\_

Has a new completed profile been submitted to the Department?  Yes  No

Have engineering and lift construction documents been submitted to the Department? Yes No

Have there been any variances granted by the Vermont Passenger Tramway Board for the operation of this lift?  
Yes No

If yes, date approved: \_\_\_\_\_

I certify that to the best of my knowledge and belief the answers to the above questions are correct, that safety precautions are being taken, and qualified personnel are employed.

\_\_\_\_\_  
Manager or Responsible Official

\_\_\_\_\_  
Title

***Official Use Only***

Received \_\_\_\_\_ By \_\_\_\_\_ Multiplication Factor \_\_\_\_\_ Tramway Number: \_\_\_\_\_