



State of Vermont
 Department of Labor
 Passenger Tramway Division
 Application for New Registration of Ski Lifts

New Modification 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: _____

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
 Multi-Car Tramway: Number of Passengers _____

Manufacturer: _____

Design Engineer: _____

Construction Engineer: _____

Address: _____

Phone: _____

Installed By: _____ Load Test Date: _____

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: _____

Do the bullwheels comply with ANSI and State code requirements? Yes No

Tension Device Type: Counterweight Hydraulic Pneumatic Other

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: _____

Cable 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: _____

Auxiliary drive: Gas Diesel Hydraulic Power transmission type: _____

Manufacturer: _____ HP: _____

Auxiliary drive: Gas Diesel Hydraulic Power transmission type: _____

Manufacturer: _____ HP: _____

Back-up drive type: _____ Manufacturer: _____

HP: _____ Voltage: _____ Running Amperage: _____

Gearbox manufacturer and model number: _____

Give type and location of each brake system: _____

Are safety stops present and operable at all operator locations? Yes No

Type of two-way communications between operator stations: _____

Distance between power line and tramway structures: _____ Voltage of line: _____

Are tramway towers and cables grounded? Yes No

Is entire line visible by the attendants? Yes No

Is proper signage posted? Yes No

Is there a first-aid and emergency evacuation plan posted in each attendant's station? Yes No

Is there a first-aid and emergency evacuation plan filed with the Department? Yes No

Has there been a complete profile and lift construction document 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, please explain: _____

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.

Owner

By

Office Use Only

Received _____ By _____ Amount _____ Tramway Number: _____