



Commonwealth of Massachusetts

Recreational Tramway Board

APPLICATION FOR ANNUAL LICENSE

Please send application to:
 Department of Public Safety, Recreational Tramway Board, 1 Ashburton Place, Room 1301, Boston, MA 02108
 Tel: 617-727-3200 Fax: 617-248-0813 Web: www.mas.gov/dps

APPLICATION FOR ANNUAL LICENSE FOR RECREATIONAL TRAMWAYS

I. BACKGROUND INFORMATION

NAME OF AREA: _____ LOCATION #: MA-_____

ADDRESS: _____ CITY/TOWN: _____

NAME OF MANAGER/CONTACT: _____ TEL. #: _____

ADDRESS: _____ CITY/TOWN: _____ ZIP: _____
 (IF DIFFERENT FROM ABOVE)

MANAGER/CONTACT EMAIL ADDRESS: _____

II. LIST EACH INDIVIDUAL TRAMWAY YOU ARE SEEKING LICENSURE FOR

RTB- #	LIFT NAME	TYPE OF DEVICE	MANUFACTURER
MA-RTB-			

Type of device key: CL = chairlift; FRT = fiber rope tow; WRT- wire rope tow; C = carpet; J = bar; T = T bar; P = platter pull; G = gondola, TT= tubing tow, TM= tramway

III. LICENSING FEES

Calculate licensing fees by using the table below. Please fill in the appropriate selections. A check for the TOTAL FEE should be made payable to “Commonwealth of Massachusetts.”

Total Aerial Lifts and Specific Surface Lifts (i.e.- chairlifts, trams, gondola, J-bars, T-bars, platter pulls)	_____ x \$100 per device = _____
Total Tows (i.e.- wire rope tows, fiber rope tows, tubing tows, carpets, carousels)	_____ x \$50 per device = _____
	Administrative fee = \$100.00
	TOTAL FEE = _____

IV. CHECKLIST

All of the documents listed below must accompany this application. Incomplete applications will not be processed and a license will not be issued. Please check each box next to the required item indicating that it has been included in the application packet being submitted.

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1. Signed and completed Application for Annual License.	↓
2. Signed Certified Inspector’s report(s) indicating that <u>each</u> tramway has been inspected. (Report must clearly identify each tramway by its assigned MA-RTB #).	
3. PTO Affidavit identifying each tramway. (Affidavit must clearly certify that each tramway is in compliance with the regulations).	
4. Certificate of insurance demonstrating minimum coverage of \$1 million <u>per occurrence</u> .	
5. Licensing fee, as calculated in part III above.	
6. NDT report for <u>all</u> required tramways indicating annual test. (Report must clearly identify each tramway by its assigned MA-RTB #. If 100% testing was performed within past 5 years, please enclose a copy of the report. Otherwise, partial annual testing reports are required).	
7. Wire rope inspection report(s) for all required tramways. (Report must clearly identify each tramway by its assigned MA-RTB #).	
8. Dynamic testing schedule. (Each device must undergo dynamic testing every 7 years).	
9. Copy of Certificate of Occupancy. (Required for new construction only).	

V. VERIFICATION

I hereby swear, under the pains and penalties of perjury, that all information set forth on this application and submitted in support hereof is true and accurate to the best of my knowledge.

Signature of applicant

Date

Name of applicant (printed)

Position in company held by applicant