



**Commonwealth of Massachusetts  
Division of Professional Licensure  
Office of Public Safety & Inspections**

1000 Washington Street - Suite 710 - Boston - MA 02118

**RECREATIONAL TRAMWAY - APPLICATION FOR ANNUAL LICENSE**

**PART I. - GENERAL**

Ski Area Name: \_\_\_\_\_

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

Name of Manager\Contact: \_\_\_\_\_

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

Address (if different from above): \_\_\_\_\_

Location Number: MA - \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**PART II. - DEVICES**

*Please list each individual recreational tramway for which you are seeking license.*

Number	RTB Number	Lift Name	Type of Device	Manufacturer
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Type of Device Key**

CL Chairlift	FRT Fiber Rope Tow	WRT Wire Rope Tow	C Carpet	J J-Bar	T T-Bar	P Platter Pull	G Gondola	TT Tubing Tow	TM Tramway
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**PART III. - FEES**

Calculate required licensing fees by using information below. Please fill-in the appropriate sections and submit a check for the **TOTAL FEE**, including \$100 administrative fee, payable to the *Commonwealth of Massachusetts*.

**Total number of Aerial Lifts and Specific Surface Lifts**  
(i.e.: chairlifts, trams, gondolas, J-bars, T-bars, platter pulls)

Number of Devices	Per Device Fee	Total Dollar Amount
	x \$100	

**Total number of Tows**  
(i.e.: wire rope tows, fiber rope tows, tubing tows, carpets and carousels)

Number of Devices	Per Device Fee	Total Dollar Amount
	x \$50	

**TOTAL FEE**

Add Total Dollar Amounts from Above	Add Administrative Fee	Total Dollar Amount Due
	\$100	

**PART 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 is included in the application packet.*

1.	Signed and completed application.	Check Here
2.	Signed <i>Certified Inspector's Report(s)</i> indicating that each tramway has been inspected. Each report must clearly identify each tramway by its assigned Massachusetts Recreational Tramway Board (MA-RTB) Number.	
3.	Prior to Operation (PTO) Affidavit identifying each tramway. Affidavit must clearly certify that each tramway is in compliance with Recreational Tramway Board Regulations (526 CMR <i>et. seq.</i> ).	
4.	Certificate of insurance demonstrating minimum coverage of \$1,000,000 per occurrence.	
5.	Licensing fee as calculated in PART III above.	
6.	Nondestructive testing report for all required tramways indicating annual test. Report must clearly identify each tramway by its assigned Massachusetts Recreational Tramway Board (MA-RTB) Number. If 100% testing was performed within the 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 Massachusetts Recreational Tramway Board (MA-RTB) Number.	
8.	Dynamic testing schedule. Each device must undergo dynamic testing every 7 years.	
9.	Copy of <i>Certificate of Occupancy</i> . (Required for New Construction Only.)	

**PART V. - VERIFICATION**

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

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Position of Applicant held in the company

\_\_\_\_\_  
Date

*Return completed applications and attachments to:*

**Division of Professional Licensure**  
**Office of Public Safety & Inspections**  
**Recreational Tramway Board**  
 1000 Washington Street - Suite 710  
 Boston, MA 02118