



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

1000 Washington Street - Suite 710 - Boston - MA 02118

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**DYNAMIC TESTING SCHEDULE**

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

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

Number	RTB Number	Lift Name	Proposed Test Date	Completed Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

A copy of this schedule should accompany the inspection report each year. Enclose a copy of the lift dynamic tests along with this report. Any changes to the test schedule should be made using a new Dynamic Test Schedule Form. All testing shall be performed in accordance with 526 CMR 10.14.

*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 Owner\Operator

\_\_\_\_\_  
Signature of Owner\Operator

\_\_\_\_\_  
Address of Owner\Operator

\_\_\_\_\_  
Telephone Number of Owner\Operator