



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

1000 Washington Street - Suite 710 - Boston - MA 02118

PRIOR TO OPERATION (PTO) AFFIDAVIT

I _____, of _____
(Owner/Operator) (Ski Area Name and Location)

hereby certify, under the pains and penalties of perjury by affixing my signature below, that each of the items of noncompliance identified in the *Certified Inspectors Report(s)* have been corrected and that each tramway identified below is now in compliance with current 526 CMR 1.00 *et seq.* and American National Standard Institute (ANSI) requirements and is safe for operation.

Number	RTB Number	Signature of Owner/Operator
1.	MA-RTB	
2.	MA-RTB	
3.	MA-RTB	
4.	MA-RTB	
5.	MA-RTB	
6.	MA-RTB	
7.	MA-RTB	
8.	MA-RTB	
9.	MA-RTB	
10.	MA-RTB	

Please attach additional information if necessary.

Date