

**DEVIATION APPLICATION
 Under**

Amusement Devices Safety Act and/or Amusement Devices General Regulations

You must demonstrate that granting this deviation will meet or exceed the level of safety as prescribed in the Regulations. *Please attach additional pages as required and reference the Section number.*

Device Name: _____ **AD #:** _____

Device Owner: _____

Phone: _____ **Fax:** _____ **Email:** _____

SECTION 1 Proposed Deviation	<ul style="list-style-type: none"> Identify the proposed deviation(s), including the corresponding requirement(s) of the <i>Act, Regulations</i>, or prescribed safety standard. Please reference relevant section numbers and provide an explanation as to why compliance with the existing requirement causes practical difficulty or unnecessary hardship. 		
SECTION 2 Risk Assessment	<ul style="list-style-type: none"> Provide an assessment of the risk associated with the proposed deviation and leaving the amusement device in a state which is not in compliance with the <i>Act, Regulations</i> or prescribed safety standard. [Assessment must be based on safety engineering principles, recognized industry practice, or methodologies that conform to internationally recognized codes of practice or standards.] 		
SECTION 3 Mitigating Measures	<ul style="list-style-type: none"> Proposed measures to make the amusement device equivalent in safety, or to the same level of conformance required by the <i>Act, Regulations</i> or prescribed safety standards. 		
SECTION 4 Applicant Signature	NAME & OFFICIAL TITLE	SIGNATURE	DATE
	(print)		
SECTION 5 Approval	OFFICE USE ONLY		
	Application approved? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	CHIEF INSPECTOR (print)	SIGNATURE	DATE

Return completed form to address at the top.