

ALTERNATIVE COMPLIANCE APPLICATION Elevators and Lifts

You must demonstrate that approving this application will meet or exceed regulatory expectations with respect to public safety. *Please attach additional pages as required and reference Section number.*

Device Civic Address:		NSIN #:	
Device Owner:			
Phone:	Fax:	Email:	
SECTION 1 Proposed Modification	• Identify the alternative safety code or standard proposed for acceptance or the specific requirement(s) of the prescribed safety code (as applicable) and the modification for which the permission is being sought by the Chief Inspector. Please provide relevant clause(s) or reference number(s) and explain what special circumstance(s)/reason(s) lead to this proposal.		
SECTION 2 Risk Assessment	• Provide an assessment of the risk associated with accepting the alternative proposed Safety Code or permitting the requirement(s) of Safety Code prescribed by the <i>Regulations</i> to be modified in the manner proposed. (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	• Demonstrate how the alternative safety code provides for a standard of safety equal to or greater than the standard of safety provided for in the safety code prescribed by the <i>Regulations</i> or how the proposed modification to the requirement(s) of the prescribed safety code assure safety equivalent to that which would be provided by conformance to the corresponding requirement(s) of the prescribed code.		
SECTION 4 Applicant Signature	NAME & OFFICIAL TITLE	SIGNATURE	DATE
	(print) OFFICE USE ONLY		
SECTION 5 Approval	Application approved?	Yes No	
		100 2	
	CHIEF INSPECTOR (print)	SIGNATURE	DATE