

**STATE OF NEW HAMPSHIRE
PASSENGER TRAMWAY BOARD**

STRIKE "MODIFICATION OR
RELOCATION" and ADD
"ALTERATION IN LENGTH,
RELOCATION OR MODIFICATION"

**APPLICATION FOR NEW CONSTRUCTION, MODIFICATION OR RELOCATION AND
REGISTRATION OF WIRE ROPE TOW OR FIBER ROPE TOW**

DATE RECEIVED: _____

DATE APPROVED: _____

In accordance with the provisions of RSA 225-A, as amended, application is made for construction and registration of the following tramway (where space is insufficient for answer, please attach information on additional sheet).

PART I **APPLICATION FOR CONSTRUCTION** **DATE:** _____

Tramway Number: _____

New Construction: _____

Relocation/Modification: _____

Description: _____

AREA DATA

After "Construction" ADD "/Alteration in Length"

Owner: _____

Address: _____ Phone: _____

(If corporation or partnership, give names and addresses of officers or partners.)

Manager: _____ Phone: _____

Address: _____

Tow Location _____

Name of Tow (if known) _____

Type of Tow: Fiber Rope Tow: _____ Wire Rope Tow: _____

Is tow stationary or portable? _____

Is this a single tow or two side-by-side tows? _____

How many tow ropes are operated by the drive? _____

DESIGN DATA

Name of Designer _____ Manufacturer _____ Model _____

Construction Supervisor _____

Uphill Capacity of Tow _____ Vertical Length _____ feet Maximum Speed of Tow _____

Number and Range of Spacing of Handles _____

Recreational Devices Considered for Use with the Tow _____

Plans for Compliance with ANSI 6.1.1.3.2, if applicable _____

Revised 1-31-20

AMEND Form Designation
and Revision Date to read:

"Pas 1 Revised 01/2022"

<u>ROPE DATA:</u>	Haul Rope	Tensioning Rope	Stay Rope(s)
Diameter (inches)	_____	_____	_____
Grade	_____	_____	_____
Construction	_____	_____	_____
Core	_____	_____	_____

Tensioning System:

Upper and lower tension limits _____

How is the haul rope tensioned? _____

How are the terminals anchored? _____

Line Equipment: Towers: _____ Steel _____ Wood _____

Distance between Rope path and towers: _____

Handle Manufacturer: _____ Model: _____

Line Features:

Are there any bridges or other structures over or through which passengers travel while riding the tow? _____

- A. Provide lift profile drawing showing the rope path, ground profile, snow depths, tower locations and stop gate location.
- B. Provide plan view of the installation showing the location of the lift, any buildings, trail crossings, power lines, other lifts or watercourses. The plan width should be at least 150 feet centered on the lift centerline.

Drive Equipment:

Primary Power Unit: _____ Horsepower _____ Age _____ Type: _____

Describe fuel storage – quantity and location _____

Brakes:	Type:	Manufacturer:	Model:
Service:	_____	_____	_____
Backstop:	_____	_____	_____

Controls: Provide an [ladder]electrical diagram of the control circuits indicating the location of all stop and start switches. **COMMUNICATIONS** Describe the lift communication system: _____

PERSONNEL

What is the minimum number of operator/attendants to be utilized? _____

Where are personnel stationed? _____

If operating with a single operator, does the operator have the entire lift in his view? _____

Will the lift be used at night? _____

Describe lighting for machine room, lift attendants and tow usage _____

Are any variances requested? _____

Describe any variance request to the Rules, Regulations and Code of the New Hampshire Tramway on an attachment with justification for the request.

For Pre-Certified lifts, include the State-Issued Pre-Certification Number and the certification by the manufacturer that the lift conforms to the pre-approved submission.

For Non Pre-Certified Lifts, the following must be submitted:

- a. A set of drawings, stamped by a qualified engineer showing the basic structure, electrical and mechanical systems.
- b. A design parameter specification with the qualified engineer's stamp, showing the allowable operating and installation procedures, such as passenger spacing, type of passengers, use of recreational devices, location of safety devices and anchorages.

c. Operating and maintenance instructions for the lift system.

ADD lines to read:

"d. A copy of the manufacturer's specifications for any new or replacement wire rope.

e. For fiber rope tow, a. and b. above [shall] may be provided by the designer

I certify that all information provided in this application is true and accurate.

OWNER: _____ DATE: _____

DESIGNER: _____ DATE: _____

NOTICE: THE BOARD MAY REQUEST ADDITIONAL INFORMATION FOR VERIFICATION OF COMPLIANCE WITH ITS REGULATIONS.

OFFICE USE ONLY

At a meeting of the Board on _____, the above application was considered for CONSTRUCTION and the following action was taken:

CLERK

Revised 1-31-20

AMEND Form Designation
and Revision Date to read:

"Pas 1 Revised 01/2022"

**STATE OF NEW HAMPSHIRE
PASSENGER TRAMWAY BOARD**

PART II APPLICATION FOR REGISTRATION OF FIBER OR WIRE ROPE TOW

TRAMWAY NUMBER _____ OWNER _____

FOR OFFICIAL USE:

For the purpose of making application for **REGISTRATION** of a Wire Rope Tow or a Fiber Rope Tow, the following must be submitted to the Board as noted:

- | | Date Received/Completed |
|---|-------------------------|
| 1. Certificate from Designer with original signatures and drawings list received by the Board within 30 days of the Acceptance Test | _____ |
| 2. Acceptance Test and Inspection Completed | _____ |
| 3. Wire Rope Test Certificates Received by the Board for the following: | |
| Haul Rope | _____ |
| Tensioning Rope | _____ |
| Stay Rope | _____ |
| 4. Operations Manual on hand | _____ |
| 5. Maintenance Manual on hand | _____ |

Documentation of any variances granted:

At a meeting of the Board on _____, the above application was considered for REGISTRATION and the following action was taken:

CLERK

**STATE OF NEW HAMPSHIRE
PASSENGER TRAMWAY BOARD**

STRIKE "MODIFICATION OR
RELOCATION" and ADD
"ALTERATION IN LENGTH,
RELOCATION, OR
MODIFICATION"

**APPLICATION FOR NEW CONSTRUCTION, MODIFICATION OR RELOCATION AND
REGISTRATION OF CONVEYOR OR CAROUSEL**

DATE RECEIVED:

DATE APPROVED:

In accordance with the provisions of RSA 225-A, as amended, application is made for construction and registration of the following tramway (Where space is insufficient, please attach information on additional sheet(s) and reference question number.)

Part I APPLICATION FOR CONSTRUCTION: Date: _____

Tramway Number _____

New Construction _____

Relocation/Modification _____

Description: _____

After "Construction" ADD "/Alteration in Length"

AREA DATA

Owner: _____

Address: _____ Phone _____

If corporation or partnership, give names and address of officers or partners.

Manager _____ Phone _____

Address: _____

Location of Conveyor or Carousel _____

Name of Conveyance (if known) _____

LIFT DATA

Tramway Type: Conveyor _____ Carousel _____

Manufacturer _____

Lift Model _____

Lift Drive Horsepower _____

Length of Conveyor _____

Outer Diameter of Carousel _____

PLEASE INCLUDE LOCATION PLAN SHOWING THE PROPOSED LOCATION AND ENVIRONS.

For Pre-Certified Lifts: Include state-issued pre-certification number and certification by the manufacturer that the lift conforms to the pre-certified submission.

For Non Pre-Certified Lifts: The following must be submitted:

- a. A set of drawings stamped by a qualified engineer showing the basic structure, electrical and mechanical systems.
- b. A design parameter specification with the qualified engineer's stamp, showing the allowable operating and installation procedures, such as passenger spacing, type of passengers, use of recreational devices, location of safety devices, anchorages and operating and maintenance instructions for the lift system

I certify that all information provided in this application is true and accurate.

OWNER _____ DATE _____

DESIGNER _____ DATE _____

NOTICE: THE BOARD [MAY]SHALL REQUEST ADDITIONAL INFORMATION WHEN NECESSARY TO [FOR VERIFICATION OF]VERIFY COMPLIANCE WITH ITS REGULATIONS.

OFFICE USE ONLY

At a meeting of the Board on _____, the above application was considered for construction and the following action was taken.

Clerk

ADD new section at the beginning of this page, to read:

Personnel:

What is the minimum number of operator/attendants to be utilized?

Where are these personnel stationed? _____

If operating with a single operator, does the operator have the entire lift in his view? _____

Describe any area where the conveyor is not visible to any attendant _____

Will the lift be used at night?

If yes, describe lighting for lift attendants and usage _____

Describe any variance request to the Rules, Regulations and Code of the New Hampshire Tramway on an attachment together with justification.

Are any variances requested? _____

**STATE OF NEW HAMPSHIRE
PASSENGER TRAMWAY BOARD**

**APPLICATION FOR NEW CONSTRUCTION, ALTERATION IN LENGTH, RELOCATION,
OR MODIFICATION AND REGISTRATION OF A CONVEYOR OR CAROUSEL**

APPLICATION FOR REGISTRATION

PART II

TRAMWAY NUMBER _____ OWNER _____

FOR OFFICIAL USE:

For the purpose of making application for **REGISTRATION** of a Conveyor or Carousel, the following must be submitted to the Board as noted:

Date Received/Completed

1. Certification from designer with original signatures and drawings list
(to be received within 30 days by Board)

2. Completed Acceptance Test and Inspection

3. Operations Manual on hand

4. Maintenance Manual on hand

STRIKE "(to be received within 30 days by Board)" and replace with "received by the Board within 60 days of the Acceptance Test"

Documentation that any variances required have been granted:

At a meeting of the Board on _____, the above application was considered for REGISTRATION and the following action taken:

Clerk

**STATE OF NEW HAMPSHIRE
PASSENGER TRAMWAY BOARD**

STRIKE "MODIFICATION OR
RELOCATION" and ADD
"ALTERATION IN LENGTH,
RELOCATION, OR
MODIFICATION"

**APPLICATION FOR NEW CONSTRUCTION, MODIFICATION OR RELOCATION
AND REGISTRATION OF T-BAR, J-BAR, PLATTERPULL, CHAIRLIFT, AERIAL
TRAMWAY OR GONDOLA**

DATE RECEIVED: _____

DATE APPROVED: _____

ADD hyphen

In accordance with the provisions of RSA 225A, as amended, application is made for construction and registration of the following tramway (where space is insufficient, please attach information on additional sheet(s) and reference the question number.

Part 1 **APPLICATION FOR CONSTRUCTION:** **Date:** _____

Tramway Number _____

New Construction _____ Relocation/Modification _____

After "Construction" ADD "/Alteration in Length"

Description: _____

AREA DATA

Owner: _____

Address: _____ Phone _____

If corporation or partnership, give names and address of officers or partners.

Manager _____ Phone _____

Address: _____

Lift Location _____

Lift Name (if known) _____

LIFT DATA

Tramway Type:

T-bar _____ J-bar _____

Platter Pull: Fixed Grip _____ Detachable Grip _____

Chairlift: Fixed Grip _____ Detachable Grip _____

Gondola: _____

Other _____

ADD "Reversible _____"

Designer: _____

Manufacturer _____

Construction Supervisor _____

Construction Engineer _____

AMEND Form Designation
and Revision Date to read:

"Pas 3 Revised 01/2022"

DESIGN DATA

Uphill Capacity: _____ pph at Lift Maximum Operating Speed (fpm)

Maximum Speed of Lift: _____ fpm

Vertical Length in Feet: _____ Horizontal Length in Feet: _____

Slope Length in Feet: _____

Percent of Loading Allowed on Downhill Side: _____

ADD "Lift Rotation _____"
Summer Usage _____"

For Work Carrier (if used), Drawing of Carrier and Grip and Live Load Capacity

CARRIERS:	Max. Operating	Spacing ft.		Nominal	Number of	Number of Passengers
	Speed fpm	Max.	Min.			

Skier Use _____

Foot Passenger _____

For Detachable Lifts: Number of carriers on line prior to loading of passengers _____

ROPE DATA

Haul Rope _____

Counterweight Rope _____

Other _____

Diameter (inches) _____

Grade _____

Construction _____

Core _____

Safety Factor: _____

ADD lines "Yr of Manufacture _____"
Number of Splices _____

TENSIONING:

STRIKE "Counterweight" and ADD
"Counterweight: _____"

Type: Counterweight Hydraulic: _____ Other: _____

Total Force of Tensioner lbs. _____ Ratio of Motion of Tensioner to Bullwheel _____

Force at Carriage _____

Travel of Bullwheel Carriage _____ ft. Travel of Tension device _____ ft.

Pressure Range for Hydraulic or Pneumatic systems (psi) _____

LINE EQUIPMENT

Towers: Gauge _____

Line Tower Calculations (including normal, maximum, and minimum for full and partial loading)

Line Tower Footing Calculations _____

Maximum Rope Gradient for Design Carrier Clearances _____

Maximum misalignment while still maintaining minimum clearances _____

Type of Deropement Switches _____

Degree of Swing with unbalanced load of 250 lbs. _____

Grip Manufacturer/Model _____

Carrier Manufacturer _____

Restraint Bars? _____ Foot Rests? _____

After "Carrier Manufacturer" ADD "/Model"

AMEND Form Designation
and Revision Date to read:

"Pas 3 Revised 01/2022"

Revised 1-31-20

Line Features

Maximum height of carrier above the ground _____ feet

ADD "maximum" before "snow depths"

Provide: Lift profile drawing showing the rope path, ground profile, snow depths, tower locations and trail crossing areas.

Provide: Plan view of the installation showing the location of the lift, any buildings, trail crossings, power lines, other lifts or watercourses. The plan width should be at least 150 feet centered on the lift centerline.

DRIVE EQUIPMENT

ADD "Drive Location _____"

Primary Power Unit: Horsepower _____ Age _____ Type _____

Gear Box Mfg. _____ Gear Box Model _____

Secondary Power Unit: Horsepower _____ Age _____ Type _____

Gear Box Mfg. _____ Gear Box Model _____

Tertiary Power Unit: Horsepower _____ Age _____ Type _____

Gear Box Mfg. _____ Gear Box Model _____

Describe fuel storage - quantity and location: _____

BULLWHEELS

Before "Retention System"
ADD "Bullwheel"

Drive: Diameter _____ feet Cast _____ Fabricated _____

Return: Diameter _____ feet Cast _____ Fabricated _____

Liner Material: Drive: _____ Return: _____

Retention System _____

BRAKES

Type	Manufacturer	Model
Bullwheel _____		
Service _____		
High Speed Backstop _____		
Bullwheel Backstop _____		
Bull wheel Retarding Device _____		

AMEND Form Designation
and Revision Date to read:

"Pas 3 Revised 01/2022"

COMMUNICATIONS: Describe the lift communications system: _____

What is the minimum number of operator/attendants to be utilized? _____

Where are personnel stationed?_____

If operating with a single operator, does the operator have the entire lift in his view? _____

Will the lift be used at night? _____


Describe lighting for Machine Room, lift attendants, and lift usage_____


Are there any variances requested?_____

I certify all the information provided in this application is true and accurate.

Owner _____ By: _____ Date: _____

Designer _____ By: _____ Date: _____

 STRIKE "By: _____"

 STRIKE "By: _____"

OFFICE USE ONLY

At a meeting of the Board on _____, the above application was considered and the following action was taken:

Clerk

Revised 1-31-2020

AMEND Form Designation
and Revision Date to read:
"Pas 3 Revised 01/2022"

**STATE OF NEW HAMPSHIRE
PASSENGER TRAMWAY BOARD**

**APPLICATION FOR CONSTRUCTION AND REGISTRATION OF
T-BAR, J-BAR, PLATTERPULL, CHAIRLIFT, AERIAL TRAMWAY
OR GONDOLA PART II
APPLICATION FOR REGISTRATION**

TRAMWAY NUMBER: _____ OWNER: _____

FOR OFFICIAL USE:

For the purpose of making application for **REGISTRATION** of a T-Bar, J-Bar, Platter Pull, Chair Lift, Aerial Tramway or Gondola, the following must be submitted to the Board as noted:

- | | Date Received/Completed |
|---|-------------------------|
| 1. Certificate from Designer with original signatures and drawings list with revision dates and notes of changes made, not shown on the listed drawings submitted to the Board. | _____ |
| 2. Acceptance test and inspection complete | _____ |
| 3. Written evacuation plan and documentation of training | _____ |
| 4. Rope inspection reports submitted to the Board for the following:
Haul rope
Counterweight rope
Other wire rope or strand | _____

_____ |
| 5. Operations Manual on hand | _____ |
| 6. Maintenance Manual on hand and documentation of maintenance, if required | _____ |
| 7. "As-built" received by the Board within 30 days of acceptance test | _____ |
| 8. Construction Certificate with a drawing list "as built" and original Signatures received by the Board within 30 days of acceptance test | _____ |
| Any variances granted: _____ | |
- STRIKE "maintenance, if required" and ADD "all required maintenance"

↓

STRIKE AND REPLACE all of 7. to read: "Certified as-built plans provided to the Board within 60 days of acceptance test"

←

STRIKE "30" and ADD "60"

↖

AT A MEETING OF THE BOARD ON THE ABOVE APPLICATION WAS
CONSIDERED FOR REGISTRATION AND THE FOLLOWING ACTION TAKEN:

CLERK _____



State of New Hampshire

Department of Safety

Tramway & Amusement Ride Safety

33 Hazen Drive

Concord, NH 03305

Telephone: (603) 223-4289 FAX (603) 223-4294

Robert L. Quinn
Commissioner of Safety

STRIKE title and ADD new title to read:

"AREA OPERATOR'S
INSPECTION REPORT"

SKI LIFT ANNUAL OPERATORS INSPECTION REPORT

Business Name: _____

Owner/Operator: _____

Address: _____ Telephone: _____

_____ Email: _____

Name of Lift	Tramway Number	Type of Lift	NDT Completed	Cable Inspection	Annual Inspection Completed

I certify that I have made an inspection of the aerial lifts listed above on _____ and find that each complies with the Rules, Regulations and Code of New Hampshire RSA 321-A, and that to the best of my knowledge, they are safe to operate for the public.

Signature: _____

STRIKE "RSA 321-A, and that to the best of my knowledge, they are safe to operate for the public." and ADD "RSA 225-A."

To be completed and signed by the person responsible for the operation of the Tramway and devices. Any exceptions that must be corrected prior to operation for the public must be listed in the inspection information column above or attached.

STRIKE "aerial lifts" and
ADD "all lifts"

AMEND form designation
and revision date to read:
"Pas 4 (Rev. 01/2022)"

DSSS 120 (Rev. 12/2019)

State of New Hampshire

Department of Safety

Tramway & Amusement Ride Safety

33 Hazen Drive

Concord, NH 03305

Telephone: (603) 223-4289 FAX (603) 223-4294

Robert L. Quinn
Commissioner of Safety

Tramway Application / Registration Certification

Ski Area: _____ Winter: ☐ Summer : ☐ Year: _____

Date of Inspection: _____ Inspector's Signature: _____

Date Issued: _____ Email Address: _____

Name of Operator: _____

Address: _____

Name of Owner: _____

Address: _____

Trm #	Decal #	Lift Name	Type	Length	Factor	Rate per ft.	Total
						Total	

Did all tramways listed above operate in previous year? _____

Are all tramways equipped according to law? _____
(Explain variances on reverse side.)

Name of Insurance company covering tramways:

Operator's Signature: _____
(Do Not Print -This application is signed under penalty of false statement pursuant to RSA 641:3)

The above registration numbers have been assigned to the Tramways herewith described and the same are hereby registered under the law of New Hampshire in the name of the operator appearing herein.



Robert L. Quinn
Commissioner of Safety

State of New Hampshire
Department of Safety
Tramway & Amusement Ride Safety
33 Hazen Drive, Concord, NH 03305
Telephone: (603) 223-4289 Fax: (603) 223-4294

TRAMWAY INCIDENT REPORT

Pursuant to NH Pas 302.04, A detailed report of all incidents involving **LIFT SYSTEM FAILURE or PERSONAL INJURY** on the tramway shall be sent to the Board within **FIVE (5)** days from the date of the incident.

1. Date of Report: _____
2. Tramway Registration Number: _____ TRM _____
3. Type of Lift: _____
4. Name of Lift: _____
5. Date of Incident : _____
6. Time: _____ ☐ am ☐ pm

6. Name of Ski Area: _____ Town: _____

7. Ski Area Owner: _____

8. Mailing Address: _____ Town: _____

9. Phone Number: () _____

10. Location of Incident (Fix Location Precisely) **AND** Carrier Number: _____

11. **Person(s) Injured or Killed:** Skier ☐ Snowboarder ☐ Other: ☐ Pls. specify _____

a. Name and Address: _____ Age: _____

Describe Injury: _____

b. Name and Address: _____ Age: _____

Describe Injury: _____

12. **Weather Conditions**

<input type="checkbox"/> Clear	<input type="checkbox"/> Sleet
<input type="checkbox"/> Fog	<input type="checkbox"/> Dark
<input type="checkbox"/> Rain	<input type="checkbox"/> Light
<input type="checkbox"/> Snow	<input type="checkbox"/> Other

Visibility

<input type="checkbox"/> Good
<input type="checkbox"/> Fair
<input type="checkbox"/> Poor

Uphill Snow Conditions

<input type="checkbox"/> Good
<input type="checkbox"/> Fair
<input type="checkbox"/> Poor

Wind

<input type="checkbox"/> Light
<input type="checkbox"/> Moderate
<input type="checkbox"/> Strong
<input type="checkbox"/> None

12.a. **Weather Temperature at time of incident:** _____

ADD Form Designation and Revision
Date to read: "Pas 6 (Rev 01/2022)"



13. Names of Lift Operator and Attendants in charge of Tramway at time of incident:

a. Operator: _____ Age: _____
b. Attendant: _____ Age: _____
c. Attendant: _____ Age: _____

14. Give a brief but clear description of incident:

15. Name(s) and Address(s) of Known Witness(s):

a. _____
b. _____
c. _____
d. _____

16. Name and address of Person who performed the daily Pre-Operational Inspection:

a. Name: _____
b. Address: _____

17. Was the injured person treated at the scene of the incident? Yes ☐ No ☐

Name(s) of Person(s) administering treatment at the scene _____

18. Name of hospital or doctor where the injured was taken, if known:

19. Report of lift system failure: Please provide a detailed description of any lift system failure which contributed to this incident:

**PURSUANT TO RSA 225-A:26, FAILURE TO SUBMIT A PROPERLY COMPLETED FORM
WITHIN THE TIME SPECIFIED IS A VIOLATION AND IS PUNISHABLE BY LAW.**

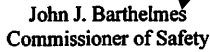
Signature of Operator or Owner

TO BE FILLED OUT AND MAILED TO:

Please print name of operator or owner

State of New Hampshire
Department Of Safety
Tramway & Amusement Ride Safety
33 Hazen Drive
Concord, NH 03305

AMEND Form Designation and Revision
Date to read: "Pas 6 (Rev 01/2022)"



NEW HAMPSHIRE DEPARTMENT OF SAFETY
DIVISION OF FIRE SAFETY
TRAMWAY & AMUSEMENT RIDE SAFETY
33 HAZEN DR
CONCORD, NH 03305
Telephone: (603) 223-4289 Fax: (603) 223-4295

DSSS 32 (Rev 07/18)