



# Elevating Device Certificate Renewal Application CSA B355 Inclined Stair Lift - Owner Concurrence Form

### Purpose

This form supports the annual operating certificate renewal for CSA B355 Inclined Stair Lift. By signing this form, the Owner confirms that the stair lift has been maintained and remains in safe operating condition for continued use.

### Facility & Stair Lift Information

|                                  |           |       |
|----------------------------------|-----------|-------|
| 1 Owner Business Address: Street |           |       |
| Postal Code                      | Telephone | Email |
| Device Installation Location     |           |       |
| Inclined Stair Lift EDO #        |           |       |

### Owner Concurrence

|                                      |  |  |  |                                      |       |  |  |           |      |
|--------------------------------------|--|--|--|--------------------------------------|-------|--|--|-----------|------|
| 2                                    | <p>I, the undersigned owner or authorized representative, confirm the following:</p> <p><input type="checkbox"/> The stair lift identified above has remained in service during the past year.</p> <p><input type="checkbox"/> No modifications, alterations, or changes affecting safety have been made since the last certification.</p> <p><input type="checkbox"/> No known unsafe conditions, incidents, or unresolved issues exist at the time of signing this form.</p> <p><input type="checkbox"/> I understand that the owner always remains responsible for the safe operation of the stair lift.</p><br><table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;"></td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-top: 5px;">Owner/Authorized Representative Name</td> <td style="padding-top: 5px;">Title</td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;"></td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;"></td> </tr> <tr> <td style="padding-top: 5px;">Signature</td> <td style="padding-top: 5px;">Date</td> </tr> </table> |  |  | Owner/Authorized Representative Name | Title |  |  | Signature | Date |
|                                      |  |  |  |                                      |       |  |  |           |      |
| Owner/Authorized Representative Name | Title  |  |  |                                      |       |  |  |           |      |
|                                      |  |  |  |                                      |       |  |  |           |      |
| Signature                            | Date   |  |  |                                      |       |  |  |           |      |

EIS-AED-FOR-011-Rev.1: 2026-Feb-26

**Proof of payment attached**     Yes     No    For payment, contact central cash (709) 729-3042

This completed and signed form shall be submitted to [engineeringinspection@gov.nl.ca](mailto:engineeringinspection@gov.nl.ca) in support of issuing a one-year operating certificate for the stair lift identified above. The Chief Inspector reserves the right to request additional information or require an on-site inspection if necessary.