



APPLICATION FOR CTF CERTIFIED BOWLING CENTRE CERTIFICATE 20_____ TO 20_____ SEASON

CENTRE INFORMATION

Date of inspection: _____

Certification # _____ Name of Centre _____

CTFBA # _____ Name of CTF Association _____

Bowling Centre Mailing Address _____

Bowling Centre Street Address _____

Name of Manager _____ Business Phone # () _____

Name of Owner _____ Business Phone # () _____

Owner Mailing Address _____

Lanes in Bowling Centre _____ Lanes Have Been Added _____ Lanes Have Been Replaced _____
Lanes to be Certified are Numbered -- Initial Annual Renewal

Class of Bowling Centre Commercial Military Fraternal University Other
Automatic Scorers Yes No If Yes : Manufactured By _____ Series _____
Pinsetters Manual Semi-automatic Automatic Manufactured By _____ Series _____
Pin Decks Wood Synthetic If Synthetic Manufactured By _____ System _____
Lanes Wood Synthetic If Synthetic Manufactured By _____ System _____

RESURFACER/INSTALLER INFORMATION

Resurfacer Stencil or Synthetic Product ID Code Appears on All Lanes: Yes No

Resurfaced/Installed by _____ Date _____

Address of Resurfacing Firm _____

Screened and Recoated Only
Wood Surface Top Coat. Urethane Water Base Lacquer Epoxy 100% Solid

Manufactured by _____

INSPECTOR INFORMATION – SUBMISSION OF FORM TO CTF NATIONAL OFFICE - We, the undersigned, representing the above listed bowling associations, have measured and inspected the physical specifications of the lanes referred to in this report and certify the measurements listed herein to be accurate.

FORWARD ALL PAGES TO CTF NATIONAL OFFICE

Signature of Inspector _____ CLI# _____ Bus. Phone # _____ Home Phone # _____

Signature of Inspector _____ CLI# _____ Bus. Phone # _____ Home Phone # _____

Print Name of Inspection Coordinator _____ Bus. Phone # _____ Home Phone # _____

Address of Inspection Coordinator _____ Amount Enclosed \$ _____

I Hereby Apply for a CTF Bowling Centre Certificate and Acknowledge Receipt of One Copy of this Application.

Signature of Bowling Centre Owner or Authorized Representative _____ Title _____ Date _____

I Do Not Want a Copy of this Report Forwarded to my Resurfacer/Installer

Mail Application to CTF National Office, 6619 193 Street Surrey BC V4N 0C1 Phone/Fax: 1-833-381-2830



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SECTION A

THE FOLLOWING MEASUREMENTS MUST BE COMPLETED FOLLOWING INSTALLATION OR REPLACEMENT.

If replacement occurs, only answer the affected areas.

- 1. **APPROACH LENGTH** – (not including foul line) Specification: Minimum of 15' Do all approaches apply? Yes No
- 2. **FOUL LINES** – Specification: Minimum 3/8" - Maximum 1" Do all foul lines comply? Yes No
- 3. **TARGETS AND GUIDES** – (Including Approaches) Are all targets and guides equally & properly spaced? Yes No
- 4. **LANE LENGTH** – (Foul Line to Centre of #1 Pin Spot) Specification: Minimum 59' 11 1/2 " – Max. : 60' 1/2" Do all lanes comply? Yes No
- 5. **PIN SPOTS**– Specification: Diameter 2 1/4 " – 12" Centre to centre Do all pin spots comply? Yes No
- 6. **KICKBACK PLATES** – (Fibre or synthetic) Specification: Maximum 3/16" thick Do all kickback plates comply? Yes No

SECTION B

THE FOLLOWING MEASUREMENTS MUST BE COMPLETED FOLLOWING INSTALLATION, REPLACEMENT OR RESURFACING:

- 7. **PIT DEPTHS** – Specification: Automatic – Minimum 4 3/4 " Manual or semi-automatic – Minimum 9 1/2 " Do all pit depths comply? Yes No
- 8. **PIT LENGTHS** – Specification: Automatic – Minimum 25" Manual or semi-automatic.– Minimum 30" Do all pit lengths comply? Yes No
- 9. (a) **SYNTHETIC OR PANELIZED LANS/PIN DECKS** – Specification: Maximum .050 inch Do gaps between sections comply? Yes No

*** SECTION C**

THE FOLLOWING MEASUREMENTS MUST BE COMPLETED YEARLY, REGARDLESS OF RESURFACING, RECOATING OR NO WORK BEING PERFORMED.

- 9. (b) **SYNTHETIC OR PANILIZED LANES/PINDECKS** – Specification Maximum .040 inch. Do drops from trailing to leading edge comply? Yes No
- 10. **APPROACH DEPRESSIONS – (5" FROM FOUL LINE)** Specification: Maximum 1/4" (250/1000) Do all approaches comply? Yes No
- 11. **AUTOMATIC FOUL DETECTING DEVICES** Are all devices operational? Yes No
- 12. **GUTTERS** – Do all gutters have square bottoms and slope gradually from a point opposite or within 15" ahead of the #1 Pin Spot to the Pit? Yes No
- 13. **PINSPOTTING** – Specification: On spot – first cycle Do all pinsetters comply? Yes No
- 14. **EDGE STRIPS** – (fibre or synthetic) Specification: Width – Maximum 1/2 " Radius – Maximum 5/32" Do all edge strips comply? Yes No

NOTE, IF YOU ANSWERED "NO" TO ANY OF THE ABOVE, PLEASE LIST THE ITEM AND THE LANE NUMBER(S) WHERE THE DISCREPANCIES EXIST: FOR EXAMPLE, ITEM #1 – LANES 2, 4, 10



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INSTRUCTIONS: CHECK FOR CROSSWISE TILT AND DEPRESSIONS AT EACH TEST POINT INDICATED. COMPLETE ALL BOXES
 SPECIFICATION: MAXIMUM .040 (40/1000)

ITEM	DISTANCE FROM FOUL LINE	REMEMBER TO COMPLETE TILTS & DEPRESSIONS	Lane #	Lane #	Lane #	Lane #	Lane #	Lane #	Lane #	Lane #	Lane #	Lane #	Lane #	Lane #	Lane #	Lane #	Lane #	Lane #	
*22 .	Measure Between 10-15'	Crosswise Tilts >																	
		Depressions	- 6" to 12" from 10 pin side >																
			- Middle of Bowling Lane >																
	Insert Distance	- 6" to 12" from 7 pin side >																	
*22 .	Measure Between 30-40"	Crosswise Tilts >																	
		Depressions	- 9" to 15" from 10 pin side >																
			- Middle of Bowling Lane >																
	Insert Distance	- 9" to 15" from 7 pin side >																	
*22 .	Measure Between 50-55'	Crosswise Tilts >																	
		Depressions	- 12" to 18" from 10 pin side >																
	Insert Distance		- 12" to 18" from 7 pin side >																

REMARKS: _____

