AMUSEMENT RIDE ANNUAL APPLICATION

www.labor.ok.gov

OKLAHOMA DEPARTMENT OF LABOR 409 NE 28th Street, 3rd Floor OKLAHOMA CITY, OK 73105 (405)21-6100 or (888) 269-5353

odol.amusement@labor.ok.gov

OKLAHOMA AMUSEMENT RIDE ANNUAL APPLICATION TO REGISTER AND REQUEST INSPECTION

LEGAL NAME OF COMPANY	
DBA OR TRADING NAME	
OWNER OF COMPANY	
FEDERAL ID NUMBER	
TELEPHONE NUMBER	
ON-SITE POC NAME FOR INSPECTION	
ON-SITE POC CELL # FOR INSPECTION	
PERMANENT MAILING ADDRESS	
PLACE OF BUSINESSS ADDRESS	
EMAIL ADDRESS	

This application is for a Certificate of Inspection to operate in the State of Oklahoma (after inspection is conducted). Complete the following information and attach required documents for each amusement ride identified on the attached ride list.

1. Amusement Ride List (Ride Name, Manufacture, Serial #, Assigned US #-Hard Rides/Assigned OK #-Inflatables.

2. Itinerary/Route Sheet/Request for Inspection (all information requested must be submitted for each set up).

3. Nondestructive Testing (NDT) Information (if required).

4. A copy of your current Certificate of Liability Insurance (COI) in compliance with Oklahoma Amusement Ride Safety Act, Title 40 O.S. Section 467. The Oklahoma Department of Labor shall be shown as a Certificate Holder in compliance with the Oklahoma Amusement Ride Safety Rules OAC 380:55, Section 11-1.

5. If applying for a waiver include all necessary waiver information per Administrative Rules OAC 380:55-15.

I hereby acknowledge that I have read this application and the information and attachments are true and correct information.

SIGNATURE OF OWNER OR MANAGER

BY ENTERING MY NAME IN THE BOX ABOVE, I AGREE IT WILL BE LEGALLY RECOGNIZED AND ENFORCED AS MY ELECTRONIC SIGNATURE FOR THE LIMITED PURPOSE OF AUTHENTICATION AND AGREEMENT TO THE ATTACHED DOCUMENT, AND SHALL HAVE THE FULL FORCE AND EFFECT OF A SIGNATURE AFFIXED BY HAND TO A PAPER DOCUMENT.

DATE

ITINERARY IN THE STATE OF OKLAHOMA

ADVANCE NOTICE FOR REQUESTS OF INSPECTION TO THE DEPARTMENT OF LABOR MUST BE RECIEVED A MINIMUM OF 72 HOURS (3 BUSINESS DAYS) PRIOR TO INSPECTION

LIST ALL LOCATIONS, DIRECTIONS TO LOCATIONS, PLAY DATES, THE TIME AND DAY YOU NEED AN INSPECTION PRIOR TO OPERATION

COMPLETE ADDRESS WHERE INSPECTION WILL BE CONDUCTED	DATE INSPECTION REQUESTED	TIME INSPECTION REQUESTED	NUMBER OF INFLATABLES FOR THIS INSPECTION	NUMBER OF HARD RIDES FOR THIS INSPECTION	DATE SHOW OPENS	DATE SHOW CLOSES
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RIDE LIST

PLEASE ENTER THE FOLLOWING INFORMATION OF EACH RIDE YOU INTEND TO OPERATE IN OKLAHOMA FOR THE CURRENT OPERATING SEASON. IF PREVIOUSLY INSPECTED IN THE STATE OF OKLAHOMA, INCLUDE THE US NUMBER ASSIGNED TO EACH HARD RIDE OR THE OK NUMBER ASSIGNED TO INFLATABLES. ENTER "NEW" IF A RIDE HAS NOT BEEN PREVIOUSLY INSPECTED IN OKLAHOMA.

RIDE NAME	MANUFACTURER	RIDE SERIAL NUMBER	HARD RIDE - US #	INFLATABLE - OK #
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