



## DEPARTMENT OF LABOR AND EMPLOYMENT

### DIVISION OF OIL AND PUBLIC SAFETY

633 17th Street Suite 500

Denver, Colorado 80202

Web: <http://www.colorado.gov/cdle/amusementrides>

E-Mail: [cdle\\_amusements@state.co.us](mailto:cdle_amusements@state.co.us)

(303) 318-8500

### APPLICATION FOR REGISTRATION OF AMUSEMENT RIDES AND DEVICES

This application for registration shall be submitted to the Division of Oil and Public Safety, Amusement Rides and Devices Program, 633 17th Street, Suite 500, Denver, CO 80202. A certificate of registration issued by the Division must be obtained prior to operation.

FOR OFFICE USE ONLY:	CK #	DATE PAID	CHECK AMOUNT	CHECK ISSUER
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#### 1. OPERATOR INFORMATION

REGISTRATION NUMBER: \_\_\_\_\_  
*(for renewing applicants only)*

NAME OF OPERATOR: \_\_\_\_\_

PHYSICAL ADDRESS: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

MAILING ADDRESS: Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CONTACT NAME: (1) \_\_\_\_\_ (2) \_\_\_\_\_

TELEPHONE NUMBER: (1) \_\_\_\_\_ (2) \_\_\_\_\_

CELL PHONE NUMBER: (1) \_\_\_\_\_ (2) \_\_\_\_\_

E-MAIL ADDRESS: (1) \_\_\_\_\_ (2) \_\_\_\_\_

#### 2. FEE INFORMATION – Please submit the appropriate payment with the application based on the fee schedule below. Please make your check or money order payable to the **Division of Oil and Public Safety**.

Fee Category:	Registration fee for amusement ride operator	plus	Registration fee for class A and B rides
Fee Amount:	\$500	+	\$130 per ride

#### 3. OPERATOR CATEGORY – Check one of the following:

Permanent Device Operator       Portable Device Operator

**4. INSURANCE INFORMATION** – The Operator shall:

- Maintain liability insurance during the registration period to cover the owner or operator against liability for injury to persons arising out of the use of the amusement ride/device;
- Maintain insurance coverage during the registration period in amounts not less than:
  - \$100,000 per occurrence with a \$300,000 annual aggregate for Class A amusement rides/devices;
  - \$1 million per occurrence for Class B amusement rides/devices;
- **The operator shall request of their insurance carrier to submit a Certificate of Liability Insurance directly to the Division of Oil and Public Safety (DOPS) showing proof of coverage and listing DOPs as a *Certificate Holder*.**

*(For governmental entities, insurance or self-insurance in accordance with section 24-10-115 of the Governmental Immunity Act, or participation in a public entity self-insurance pool pursuant to section 24-10-115.5 of the Governmental Immunity Act shall be deemed to meet the financial standards of this section.)*

List the name(s) of all liability insurance carriers and policy numbers:

Name:	Policy Number:	Telephone:	Effective Date:	Expiration Date:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**5. CERTIFICATE OF INSPECTION** – Attach an original amusement ride or device Certificate of Inspection for each amusement ride or device showing the name, serial number, manufacturer, the inspector's name, the owner/operator, inspector's credentials and other information as required. A blank copy of the certificate is included with this application.

Is the Certificate of Inspection attached for each amusement ride or device? Check one of the following:

- Yes     No

If no, please provide a brief explanation regarding the delay of your submission of the Certificate(s) of Inspection:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. INJURY REPORTING** – Did any reportable injury caused by an amusement ride or device operated by your company occur in any state (*an injury is caused by the ride if the injury occurs on the ride/device or is in any way associated with the ride or device; a reportable injury is any injury caused by a possible malfunction or failure of an amusement ride or device which resulted in death or required medical treatment*)? Check one of the following:

- Yes     No

- If yes, attach a copy of your **Injury Report**. The report should be completed using the form available on our webpage: <http://www.colorado.gov/cs/Satellite/CDLE-OilPublicSafety/CDLE/1248095303862>;
- The report must include the kind of injury, date of injury, cause of injury, and name of ride;
- Renewal applications need only submit a report for injuries occurring within the previous permit year.





**9. FOR BUNGEE JUMPING FACILITIES** – Please attach the following items applicable to your facility:

- A. A system review (structures, cords, harnesses, attachment components, etc.) that includes evaluation and inspection by a Colorado registered Professional Engineer, with his certification/stamp that the system design is adequate for the intended application, shall be provided to the Public Safety Section.
- B. All elements of the American Society for Testing and Materials - Standards on Amusement Rides and Devices (2010 Edition), excluding the subsequent addenda incorporated by the code forward, are to be conformed to as a minimum standard. Documentation of this conformity shall be provided to the Public Safety Section.
- C. Where the facility incorporates a crane structure for hoisting customers and/or staff members, the mechanism must conform to national standards. These standards include both the Occupational Safety and Health Administration Standards (OSHA) - 1926.550 August 9, 2010, excluding the subsequent addenda incorporated by the code forward, and the American Society of Mechanical Engineers (ASME) B30.5 - 2007. Documentation of this conformity shall be provided to the Public Safety Section.
- D. Where the facility incorporates a hot air balloon for elevation purposes, copies of the current, valid Standard Airworthiness Certificate and Special Airworthiness Certificate issued by the Federal Aviation Administration (FAA), and records showing that all maintenance and alterations have been performed in accordance with Parts 21, 43, and 91 of the Federal Aviation Regulations excluding the subsequent addenda, shall be provided to the Public Safety Section.

**10. BY SIGNING AND ATTESTING BELOW, I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INCLUDING BUT NOT LIMITED TO, THE ACCIDENT HISTORY, DAILY INSPECTION RECORDS, AND ANNUAL THIRD-PARTY INSPECTION RECORDS.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**11. NOTES / COMMENTS** – Please use this section for additional information pertinent to the registration of your amusement rides and devices.

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### ANNUAL AMUSEMENT RIDE OR DEVICE CERTIFICATE OF INSPECTION

Required for each amusement ride or device, pursuant to Colorado Revised Statutes 8-20-101 and 7 Code of Colorado Regulations 1101-12.

#### Owner / Operator Information

Name of Owner / Operator: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

#### Amusement Ride or Device Information

Ride or Device Name: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_

- Class A – Ride or device designed primarily for use by children 12 years of age or younger  
 Class B -- Ride or device other than a Class A

#### Amusement Ride/Device Inspector Shall Complete the Following Statement:

I hereby certify that the above described amusement ride or device was inspected in an operable state in accordance with 7 Code of Colorado Regulations 1101-12 and that any deficiencies identified or noted at the time of inspection have been corrected.

Signature of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Inspector: \_\_\_\_\_

Inspection Company: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone: (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Credentials: Organization \_\_\_\_\_ Certification Number \_\_\_\_\_

Organization \_\_\_\_\_ Certification Number \_\_\_\_\_

Organization \_\_\_\_\_ Certification Number \_\_\_\_\_