DEPARTMENT OF LABOR AND EMPLOYMENT
DIVISION OF OIL AND PUBLIC SAFETY
633 17th Street Suite 500
Denver, Colorado 80202
(303) 318-8500

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 _____