



Colorado Department of Labor and Employment
 Division of Oil and Public Safety – Amusement Rides and Devices Program
 633 17th Street, Suite 500
 Denver, CO 80202-3610

Phone: 303-318-8552
 Fax: 303-318-8534
 Email: cdle_amusements@state.co.us
 Web: www.colorado.gov/ops

Application for Registration of Amusement Rides and Devices

(Revised 4/13/2017)

This application for registration shall be submitted to the Division of Oil and Public Safety Amusement Rides and Devices Program (OPS) via email or postal mail using the information listed above. A certificate of registration issued by OPS must be obtained prior to operation.

1. Operator Information

Registration #: <i>(renewals only)</i>		Operator Name:				
Physical Address:	Street:					
	City:		State:		ZIP:	
Mailing Address:	Address 1:					
	Address 2:					
	City:		State:		ZIP:	
	(1)	Owner	Responsible Party	(2)	Owner	Responsible Party
Contact Name:	(1)			(2)		
Phone #:	(1)			(2)		
Cell Phone #:	(1)			(2)		
Email Address:	(1)			(2)		

2. Fee Information - Submit the appropriate payment with the application based on the fee schedule below. 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	
Fee Calculation	\$130.00 X	Rides	+ \$500.00	=	\$	Required with Application

3. Operator Category - Check one of the following options.

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 or 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 or devices; or
 - \$1 million per occurrence for Class B amusement rides or devices.
- **Request of their insurance carrier to submit a Certificate of Liability Insurance directly to OPS showing proof of coverage and listing OPS as a Certificate Holder.**

For governmental entities, insurance or self-insurance in accordance with §24-10-115 of the Governmental Immunity Act, or participation in a public entity self-insurance pool pursuant to §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 below.

Name	Policy #	Phone #	Effective Date	Expiration Date

5. Certificate of Inspection - Attach an original amusement ride or device Certificate of Inspection showing the name, serial number, manufacturer, inspector's name and credentials, operator's name and other information as required. A blank copy of the certificate is included with this application.

Is the Certificate of Inspection for each amusement ride or device attached?

Yes No

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

6. Injury Reporting - You must report an injury caused by a malfunction or failure of an amusement ride or device, or caused by a ride operator or patron error which impairs the function of an amusement ride or device, that results in death or requires medical treatment administered by a physician or by registered professional personnel under the standing orders of a physician.

Did any reportable injury caused by an amusement ride or device operated by your company occur in any state?

Yes No

- If yes, attach a copy of the Injury Report form (available on [our website](#)).
- 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.

7. Rides and Devices Locations - List the dates and locations of operation of the amusement ride(s) or device(s) within the State of Colorado, including the dates at each location. **All operators must complete this section.**

Seasonal?		Dates of Operation (If seasonal)		Location Name	Location Address	Location City
Yes	No	Begin	End			

8. Rides and Devices Identification Information - List the ride name, trade name of the manufacturer and the serial number (if available) for all amusement rides and devices to be registered.

Name of Ride	Manufacturer / Year Built	Serial #

9. Bungee Jumping Facility Requirements - Please attach the following items for your facility, as applicable.

- A system review (structures, cords, harnesses, attachment components, etc.) that includes evaluation and inspection by a Colorado registered Professional Engineer, with their certification/stamp that the system design is adequate for the intended application.
- 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 OPS.
- 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 OPS.
- 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 OPS.

10. Certification

By signing and attesting below, I certify that the information provided in the 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.

Name:		Title:	
Signature:		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

(Revised 3/2015)

An annual inspection by a third-party inspector must be conducted on each amusement ride or device. The inspection shall be conducted with the amusement ride or device in an operable state prior to opening to the public. A separate certificate of inspection shall be completed and signed by each inspector per group of amusement rides or devices.

We will accept signed Certificates of Inspection submitted by either the operator or the third-party inspector; however, it is the operator's responsibility to ensure that signed certificates are promptly submitted to the Amusement Rides and Devices Program upon completion of the inspections.

Owner/Operator Information

Owner/Operator Name:					Registration #:		
Email Address:					Phone #:		
Permanent Address:	Street:						
	City:		State:		ZIP:		
Location of Inspection:	Street:						
	City:		State:		ZIP:		

Amusement Ride or Device Information

Item #	Name	Serial #	Manufacturer / Year	Class		Inspection Date
				A	B	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Inspector Information and Certification

Inspector Name:					Inspection Company:		
Email Address:					Phone #:		
Business Address:	Street:						
	City:		State:		ZIP:		
Certification Type:				Certification Level:		Certification #:	

I hereby certify that the above described amusement ride(s) or device(s) were inspected in an operable state in accordance with the Colorado Amusement Rides and Devices Regulations (7 CCR 1101-12) and that any deficiencies identified or noted at the time of inspection have been corrected.

Inspector Signature:					Date:		
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Owner/Operator Information

Owner/Operator Name:					Registration #:		
Email Address:					Phone #:		
Permanent Address:	Street:						
	City:			State:			ZIP:
Location of Inspection:	Street:						
	City:			State:			ZIP:

Amusement Ride or Device Information

Item #	Name	Serial #	Manufacturer / Year	Class		Inspection Date
				A	B	
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Inspector Information and Certification

Inspector Name:					Inspection Company:			
Email Address:					Phone #:			
Business Address:	Street:							
	City:			State:			ZIP:	
Certification Type:				Certification Level:			Certification #:	

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Inspector Signature:					Date:		
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Owner/Operator Information

Owner/Operator Name:				Registration #:	
Email Address:				Phone #:	
Permanent Address:	Street:				
	City:		State:		ZIP: <input type="text"/>
Location of Inspection:	Street:				
	City:		State:		ZIP: <input type="text"/>

Amusement Ride or Device Information

Item #	Name	Serial #	Manufacturer / Year	Class		Inspection Date
				A	B	
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						

Inspector Information and Certification

Inspector Name:				Inspection Company:	
Email Address:				Phone #:	
Business Address:	Street:				
	City:		State:		ZIP: <input type="text"/>
Certification Type:			Certification Level:		Certification #:

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