



## Alternative Methods & Procedures Request

(Revised 8/27/2019)

This request 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.

The Division may grant the use of alternate methods and procedures on a case-specific basis for requirements of the adopted codes or standards listed in this section 1-5 of the Amusement Rides and Devices Regulations (7 CCR 1101-12).

A submitted alternate methods and procedures request shall not relieve an Operator from complying with the applicable standards adopted in these regulations unless the Division expressly approves the request.

The Division may request additional information to inform their decision and may deny any request at its discretion. A certificate of registration issued by OPS must be obtained prior to operation.

### I. Operator Information

Registration #: <i>(if applicable)</i>		Operator Name:			
Physical Address:	Street:				
	City:		State:		ZIP:
Mailing Address:	Address 1:				
	Address 2:				
	City:		State:		ZIP:
	(1)	<input type="checkbox"/> Owner <input type="checkbox"/> Responsible Party	(2)	<input type="checkbox"/> Owner <input type="checkbox"/> Responsible Party	
Contact Name:	(1)		(2)		
Phone #:	(1)		(2)		
Cell Phone #:	(1)		(2)		
Email Address:	(1)		(2)		

### II. Rides and Devices Identification Information - List the ride name, trade name of the manufacturer and the serial number (if available) for the Amusement Ride(s) or Device(s) this request is for:

Name of Ride	Manufacturer	Serial #	Year Built	Major Modifications (years)

**III. Request for Alternative Method and Procedure**

Referenced code or standard:

Current language (requesting an alternative to)

Proposed Alternative Method or Procedure (list any reference or accompanying documents here & submit those documents with this form)

Justification for Request (list any reference or accompanying documents here & submit those documents with this form)

#### IV. Signature

By signing and attesting below, I certify that the information provided in the application is true and correct to the best of my knowledge. I acknowledge that this request does not relieve the Operator from complying with the applicable standards adopted in the Regulations unless the Division expressly approves the request.

Name:		Title:
Signature:		Date:

**V. Notes/Comments** - Please use this section for additional information pertinent to the alternative methods and procedures request.

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