



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: ops.colorado.gov

Application for Registration of Amusement Rides and Devices

(Revised 10/7/2020)

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 #: (renewals only)		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)		

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 any injury (as defined) caused by a Ride Operator or patron error. Injury means an injury that results in death or requires immediate 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

Was the injury reported to OPS?

☐ Yes ☐ No

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.**

[illegible]

9. Codes and Standards & Alternative Methods and Procedures

All Amusement Rides and Devices shall comply with the AMUSEMENT RIDES AND DEVICES REGULATIONS 7 CCR 1101-12, including applicable codes and standards.

Yes	No	Have you read the current Regulations and incorporated the content into your operator training/operations? The current edition of the Regulations became effective July 15, 2019. Operators are responsible to have read the current Regulations and Ride Operators shall be trained in accordance with these regulations, adopted codes and standards, and any applicable recommendations provided by the Amusement Ride or Device manufacturer.
Yes	No	Do you have a reasonable written plan in place for the management of emergencies, per the requirement in Section 2-5-1 (D) of the Regulations?
Yes	No	Are site specific or prototype design rides or devices being registered in this application? <u>Site Specific or Prototype Construction</u> : requires an As-built plan set from a Professional Engineer, available for review by the Division.
		Yes No If yes , do you meet the requirements of Amusement Rides and Devices Regulations 7 CCR 1101-12 Section 1-5 (H)?
Yes	No	Are you submitting an <i>Alternative Methods and Procedures form</i> with this application? 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 the regulations; must submit <i>separate Alternative Methods and Procedures Form</i> .

10. Ride/Device Specifics

Yes	No	Are Bungee Jumps being registered in this application? <i>If yes</i> , a system review that includes inspection, and his/her certification/stamp by a Colorado registered Professional Engineer, shall be provided to the Division.
Yes	No	Are Aerial Adventure Courses (including Zip Lines and Free Fall Devices) being registered in this application? <i>If yes, please respond to the following, as relevant to your operation:</i>
Yes	No	Verify any connection between the patron and the device are properly made, and document these requirements in the operator's manual.
Yes	No	N/A Have a full understanding of and proficiency in the setup, operation and ongoing monitoring requirements of the Braking System in effect when operating Zip Lines.
Yes	No	N/A Ensure that the departure of patrons from dispatch zones is performed in a controlled manner and only when the Zip Line is clear of other persons.
Yes	No	N/A Ensure that the deceleration and arrest of patrons arriving at landing zones is performed in a controlled manner.
Yes	No	N/A Ensure that padding used as a protective element in the landing area is not used as a brake component.
Yes	No	N/A For Free Fall Device operation utilize a secondary attachment method approved by the manufacturer.

11. Certification

In consideration of the penalties of perjury as described in Colorado Revised Statutes § 18-8-501, I declare that I have completed this application and documents submitted in support thereof, and that they are true and correct to the best of my knowledge.

Name:		Title:
Signature:		Date:

[illegible]



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Amusement Ride or Device Certificate of Inspection

(Revised 4/23/2020)

An Inspection by an 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 and include an evaluation of the ride or device for a minimum of one complete operating cycle. A separate Certificate of Inspection shall be completed and signed by each Inspector per group of amusement rides or devices. The annual Inspection shall also include a review of the Operator's Daily Inspection records, inspection and maintenance program records and training records in accordance with the standards adopted by these regulations and the manufacturer's recommendations, as applicable.

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

Each item number on the Certificate of Inspection is considered to represent one ride or device. Devices such as Aerial Adventure Courses, Trampoline Courts, and Zip Lines are generally considered to be one ride or device based on the Information Plate.

Item #	Name	Serial #	Manufacturer / Year	Class		Inspection Date
				A	B	
1						
2						
3						
4						
5						

Inspection Information

Inspection Type:	Annual	Major Modification	New Installation
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Inspector Information and Certification

Inspector Name:				Inspection Company:			
Email Address:				Phone #:			
Business Address:	Street:						
	City:		State:		ZIP:		
Certification Type:	1	2	3	4	5		

I hereby certify that the above described Amusement Ride(s) or Device(s) were inspected, 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. For new installations and Major Modifications, I hereby certify that I am not affiliated by employment or Subsidiary Relationship to the Operator of the Amusement Ride or Device, or the manufacturer, whose modification or new installation is being inspected.

Inspector Signature:				Date:			
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