

Mark Costello  
Commissioner



Mary Fallin  
Governor

### Oklahoma Department of Labor

## STATE OF OKLAHOMA AMUSEMENT RIDE CERTIFICATE OF INSPECTION APPLICATION AND REQUEST FOR INSPECTION SERVICES

Legal Name of Company: \_\_\_\_\_ D/B/A or Trading As: \_\_\_\_\_

Owner of Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_ FED ID # \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Place of Business: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

This application is for a Certification of Inspection to operate in the State of Oklahoma (after inspection is performed). Complete the following information and attach required documents for each amusement ride identified on the attached ride list .

1. Amusement Ride List (Ride Name, Serial #/ID#, USAID #)
2. Itinerary/Route Sheet/Request for Inspection (all information requested must be submitted for each set up)
3. Nondestructive Testing Information (if required)
4. A copy of your current Insurance Certificate of Liability, indicating compliance with the Oklahoma Amusement Ride Safety Act, Title 40 O.S. Sections 467 must be provided with this application
5. If applying for a waiver include all necessary wavier information per Administrative Rules OAC 380:55-15

I hereby acknowledge that I have read this application and the information and attachments are true and correct information.

\_\_\_\_\_  
Signature of Owner or Manager

\_\_\_\_\_  
Date









