AMUSEMENT RIDE INSPECTION APPLICATION

Oklahoma Department of Labor

www.labor.ok.gov

OKLAHOMA DEPT. OF LABOR
3017 N STILES SUITE 100
OKLAHOMA CITY, OK 73105
405-521-6100
888-269-5353

Submit

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

LEGAL NAME OF COMPANY	
DBA OR TRADING NAME	
OWNER OF COMPANY	
FEDERAL ID NUMBER	
TELEPHONE NUMBER	
CELL NUMBER OF POC FOR INSPECTION	
PERMANENT MAILING ADDRESS	
CITY NAME	
STATE	
ZIP	
PRIMARY PLACE OF BUSINESSS	
EMAIL 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 includes all necessary waiver 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

BY ENTERING MY NAME IN THE BOX ABOVE, I AGREE IT WILL BE LEGALLY RECOGNIZED AND ENFORCED AS MY ELECTRONIC SIGNATURE FOR THE LIMITED PURPOSE OF AUTHENTICATION AND AGREEMENT TO THE ATTACHED DOCUMENT, AND SHALL HAVE THE FULL FORCE AND EFFECT OF A SIGNATURE AFFIXED BY HAND TO A PAPER DOCUMENT.

DATE

ITINERARY IN THE STATE OF OKLAHOMA

ADVANCE NOTICE FOR REQUESTS OF INSPECTION TO THE DEPARTMENT OF LABOR MUST BE RECIEVED A MINIMUM OF 72 HOURS (3 BUSINESS DAYS) PRIOR TO INSPECTION

LIST ALL LOCAITONS, DIRECTIONS TO LOCATIONS, PLAY DATES, THE TIME AND DAY YOU NEED AN INSPECTION PRIOR TO OPERATION

ADDRESS WHERE INSPECTION WILL BE CONDUCTED	DATE INSPECTION REQUESTED	TIME INSPECTION REQUESTED	NUMBER OF INFLATABLES FOR THIS INSPECTION	NUMBER OF HARD RIDES	DATE SHOW OPENS	DATE SHOW CLOSES
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RIDE NAME	MANUFACTURER	RIDE SERIAL NUMBER	USA NUMBER	OKLAHOMA NUMBER