



AMUSEMENT RIDE ANNUAL APPLICATION

www.labor.ok.gov

odol.amusement@labor.ok.gov

OKLAHOMA DEPARTMENT OF LABOR
409 NE 28th Street, 3rd Floor
OKLAHOMA CITY, OK 73105
(405)21-6100 or (888) 269-5353

OKLAHOMA AMUSEMENT RIDE ANNUAL APPLICATION TO REGISTER AND REQUEST INSPECTION

LEGAL NAME OF COMPANY	<input type="text"/>
DBA OR TRADING NAME	<input type="text"/>
OWNER OF COMPANY	<input type="text"/>
FEDERAL ID NUMBER	<input type="text"/>
TELEPHONE NUMBER	<input type="text"/>
ON-SITE POC NAME FOR INSPECTION	<input type="text"/>
ON-SITE POC CELL # FOR INSPECTION	<input type="text"/>
PERMANENT MAILING ADDRESS	<input type="text"/>
PLACE OF BUSINESS ADDRESS	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>

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

1. Amusement Ride List (Ride Name, Manufacture, Serial #, Assigned US #-Hard Rides/Assigned OK #-Inflatables.
2. Itinerary/Route Sheet/Request for Inspection (all information requested must be submitted for each set up).
3. Nondestructive Testing (NDT) Information (if required).
4. A copy of your current Certificate of Liability Insurance (COI) in compliance with Oklahoma Amusement Ride Safety Act, Title 40 O.S. Section 467. The Oklahoma Department of Labor shall be shown as a Certificate Holder in compliance with the Oklahoma Amusement Ride Safety Rules OAC 380:55, Section 11-1.
5. If applying for a waiver include 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

