

STATE OF CALIFORNIA
Cal/OSHA AMUSEMENT RIDE AND TRAMWAY UNIT
1750 Howe Ave., Suite 300, SACRAMENTO, CA 95825
OFFICE: (916) 263-3511 FAX: (916) 263-3576

NOTICE OF INSTALLATION OR ALTERATION FORM

Owner: _____

Address of Owner: _____

Name of Tramway: _____

Tramway ID Number: _____

Type of Tramway: _____

Type of Work: New Relocation Major Alteration

Name of Design Engineer: _____

Name of Construction Engineer: _____

Area Contact Person: _____

Description of Work: _____

Designated Agent's Signature: _____

Title: _____ Date: _____

Submit to:

State of California
Cal/OSHA
Tramway Section
1750 Howe Ave., #300
Sacramento, CA 95825
916-263-3511
Email: tram@dir.ca.gov
Website: www.dir.ca.gov/dosh/ARoffices.htm