## State of California

## Department of Industrial Relations - Division of Occupational Safety and Health

## **Amusement Ride and Tramway Unit**



## Permanent Amusement Ride Certificate of Compliance

Date			Pg. <u>1</u> ofP
Owner's Name	Owner's	s Phone	
Owner's Address	City	State	Zip
Operator's Name if different from above	Operato	r's Phone	
Operator's Address	City	State	Zip
Location Name (park, mall, restaurant, FEC)			
Location of Ride(s) (Street)	City	State	Zip
Signature (Owner, Operator or Responsible Par	ty) Print Na	ame	Date
I, the undersigned Qualified Safety Inspector, a inspected a total ofpermanent amusement inspection included a structural inspection, and procedures, and reviewing any other specific in the ride. Based on this inspection, I have determined as Division 1, Chapter 4, Subchapter 6.2, QSI certification numbers if applicable), assisted	ride(s) listed on page operational inspection aformation that is sub- mined that the ride(s) beginning with Section	e(s) 2 through not including its satisfication its satisfication in material are in material in the satisfication	of this form. My fety-related systems and to the safe operation of crial conformance with bllowing individuals (list
This written declaration is made under penalty	of perjury of the law	s of the State of C	California.
QSI Inspector's Signature	QSI Certificate	Number Ex	piration Date

The fee for review of Certificate of Compliance Title 8 344.16(c) is \$250.00. To expedite certificate processing, enclose with this certificate, payment made out to: Department of Industrial Relations PAR Inspection Fund and mail to State of California, Amusement Ride and Tramway Unit office the location named above is assigned. Certificates received via email or without payment will be invoiced and processed after payment is received.

ART Unit Santa Ana 2 MacArthur Place Suite 700 Santa Ana, CA 92707 sopar@dir.ca.gov ART Unit Sacramento 1750 Howe Avenue Suite 480 Sacramento, CA 95825 par@dir.ca.gov

Certificate of Compliance	Ride	List
(Completed by the QSI)		

Ride Facility Name	City	Pg	of _	Pgs.

	ates pected	Registration Number*	Ride Name	Trade Name	Manufacturer	Serial Number
Start	Completed					
	•					

Additional Pages may be used as necessary for each location. \*Note: Registration Number assigned by the Division. PAR Form 5 (Ride List Page(s)) Rev. 3/20/2024