Division of Occupational Safety and Health AMUSEMENT RIDE UNIT 2424 Arden Way, Suite 340 Sacramento, CA 95825 Phone: 916.263.3511 Fax: 916.263.3576



### APPLICATION FOR PERMIT TO OPERATE TEMPORARY AMUSEMENT RIDES

Application is hereby made for authorization to operate the following temporary Amusement rides in compliance with the Labor Code Section 7906

An insurance policy and route list, including the name of each town or city, street location and dates of operation of the ride at each location, shall accompany this form.

Mail application, insurance policy and route list to:

**STATE OF CALIFORNIA DIR-DOSH AMUSEMENT RIDE SECTION** 2424 Arden Way, Suite 340 Sacramento, CA 95825

Registration number for each ride will be assigned when the permit is issued.

The fee for each ride will be collected at the time of the inspection, required by Labor Code section 7906, before the permit to operate is issued. All checks or money orders shall be made payable to the DEPARTMENT OF INDUSTRIAL RELATIONS.

Name of Temporary Amusement Ride Operation	on	
Name of Owner/Operator		Date
Permanent Address	Home/Office Telephone#	Cell #
City	State	Zip Code
Email Address		FAX #
Authorized Signature		Title

### NAME OF TEMPORARY AMUSEMENT RIDE OPERATION:

# NAME OF OWNER/OPERATOR:\_\_\_\_\_

TRADE / RIDE NAME	RIDE NUMBER	MANUFACTURER
	C-	

## **TEMPORARY AMUSEMENT RIDE ITINERARY FORM**

Date Submitted:

**Business Name:** 

Name of Event:

**NOTE:** Itineraries must list a **complete** address for each location. Updated itineraries must be submitted at least 10 days prior to the date of operation.

Address	City	Zip Code	Arrival Date	Opening Date	Closing Date

#### **Rides at this location:**

Ride Name	C#	Ride Name	C #	