

State of California
Department of Industrial Relations - Division of Occupational Safety and Health
Amusement Ride and Tramway Unit
Permanent Amusement Ride Program
Certificate of Compliance



Date _____

Certificate Review Fee **\$250.00**

Owner's Name _____

Owner's Phone _____

Owner's Address _____

City State Zip

Operator's Name if different from above _____

Operator's Phone _____

Operator's Address _____

City State Zip

Location Name (park, mall, restaurant, FEC) _____

Location of Ride(s) (Address, City, State, Zip) _____

Signature (Owner, Operator or Responsible Party) _____

Print Name _____

Date _____

QSI Declaration 344.7(b)(4)

I, the undersigned Qualified Safety Inspector, attest that within the preceding 12-month period, I have inspected a total of _____ permanent amusement ride(s) listed on the reverse of this form. My inspection included a competent review of the ride's safety-related systems and structural attributes, and based on this inspection I have determined that the ride(s) is in material conformance with Title 8, Division 1, Chapter 4, Subchapter 6.2 beginning with Section 3195.1. The following individuals with QSI certification numbers listed (if applicable), assisted with the completion of the ride inspection.

This written declaration is made under penalty of perjury of the laws of the State of California.

QSI Inspector's Signature _____

QSI Certificate Number _____

Expiration 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 without payment of fee will be billed and processed after payment is received.

ART Unit Santa Ana
2 MacArthur Place Suite 700
Santa Ana, CA 92707

ART Unit Sacramento
1750 Howe Avenue Suite 480
Sacramento, CA 95825

Certificate of Compliance Ride List
(Must be completed by the QSI performing certification)

Location of Ride _____

Dates Inspected	State Registration Number *	Ride Name	Trade Name	Manufacturer	Serial Number	Model Number

Additional forms may be used as necessary for each location.
*Note: Registration Number to be assigned at next Division Inspection