### **Certificates of Compliance**

Certificates of Compliance (CoC) for permanent amusement rides are due each year <u>before</u> the current expiration.

### **Obtaining CoC Forms** Available on the ART website:

www.dir.ca.gov/dosh/par\_form5.pdf

www.dir.ca.gov/dosh/par\_form5\_additional.pdf

Check to ensure you have the most current version. Outdated forms will not be accepted. Download and save the CoC PDF to your computer before filling out.

### **Electronic Signatures**

Forms should be filled out, signed and submitted electronically without printing, scanning, or sending paper documents. The owner/operator and the QSI inspector should sign them electronically.

### **Certificate Review Fee**

CoC will not be reviewed or processed until the Certificate Review Fee, T8 344.16(c), is paid.

# Submitting the CoC electronically

Email is the only way to submit electronically filled-out and signed CoC documents. Scanned CoC documents submitted by email will be rejected.

Sacramento ART: 916-263-3511 <u>nopar@dir.ca.gov</u> Santa Ana ART: 714-567-7211 <u>sopar@dir.ca.gov</u>

# Invoicing

When the Division receives a CoC via email, an invoice for CoC review fee will be generated and emailed to submitter.

Forward payment confirmation to the ART Unit office which the rides are assigned to. You may also mail a check to the address listed on the invoice. This will delay processing and posting the payment.

# CoC filled out and/or signed by hand

U.S. Postal Service or other courier services are the only method of submitting an original, filled out by hand, or hand-signed CoC to the ART Unit using blue ink only.

## **Timely Submission**

CoC and the Review Fee is due before the current expiration date. When a CoC and Review Fee is received with no deficiencies, the expiration date will remain the same Month and Day date for the following year.

## **Delinquent Submission**

When a CoC or Review Fee is delinquent, or is deficient, the expiration date will advance to a new date when complete, compliant submission is made.

The Amusement Ride and Tramway Unit



https://www.dir.ca.gov/dosh/ARoffices.htm

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



Pgs.

Date		P	g.1 of F
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
Ride Facility Name (park, mall, restaurant, FE	EC)		
Ride Facility Location (Address, City, State, Z	ίp)		
Signature (Owner, Operator or Responsible P	Party) Print Name	Date	
I, the undersigned Qualified Safety Inspector, atter inspected a total ofpermanent amusement ri- inspection included a structural inspection, an ope procedures, and reviewing any other specific info the ride. Based on this inspection, I have determin Title 8, Division 1, Chapter 4, Subchapter 6.2, be QSI certification numbers if applicable), assisted	de(s) listed on page(s) <u>2</u> thro erational inspection, including prmation that is substantially re ned that the ride(s) listed are in ginning with Section 3195.1. T	ughof this fo its safety-related lated to the safe of material conform The following ind	orm. My systems and operation of nance with ividuals (list
This written declaration is made under penalty of			
QSI Inspector's Signature	QSI Certificate Number	Expiration Da	ate
The fee for review of Certificate of Compliance T enclose with this certificate, payment made out to mail to State of California, Amusement Ride and Certificates received via email or without paymer	b: Department of Industrial Rel Tramway Unit office the locat	ations PAR Inspe tion named above	ection Fund and e is assigned.
ART Unit Southern CA		ART Unit North	nern CA

2 MacArthur Place Suite 700 Santa Ana, CA 92707 sopar@dir.ca.gov

1750 Howe Avenue Suite 480 Sacramento, CA 95825 nopar@dir.ca.gov

CA Labor Code 7924 (a), T8 CCR 344.7 Certificate of Compliance PAR Form 5 Revised 5/01/2025

#### Certificate of Compliance Ride List (C

(Completed	by the QSI)		Ride Facility Name	Ci	ty	Pg ofPgs.
Dates Inspected		Registration Number*	Ride Name	Trade Name	Manufacturer	cturer Serial Number
Start	Completed					

\*Note: Registration Number assigned by the Division. Additional Pages may be used as necessary for each location.

CA Labor Code 7924 (a), T8 CCR 344.7

Certificate of Compliance