

WEST VIRGINIA DIVISION OF LABOR

1900 Kanawha Boulevard, East
State Capitol Complex – Building 3, Room 200 • Charleston, West Virginia 25305
Telephone (304) 558-7890 • Fax (304) 558-2415
www.labor.wv.gov

ZIPLINE AND CANOPY TOUR PERMIT APPLICATION

West Virginia Code § 21-15-9. No operator may knowingly permit the operation of a zipline or canopy tour without a permit issued by the Division.

APPLICANT

FILE # _____

COMPANY:	_____	ADDRESS:	_____				
CITY:	_____	STATE:	_____	ZIP:	_____	CONTACT PERSON:	_____
TELEPHONE:	_____	CELL PHONE:	_____	FAX:	_____		
EMAIL ADDRESS:	_____						
WEBSITE ADDRESS:	_____						

INSURANCE

AN APPROVED CERTIFICATE OF INSURANCE AGAINST LIABILITY FOR INJURY MUST BE FILED PRIOR TO ISSUANCE OF A PERMIT.

INSURANCE CARRIER:	_____	ADDRESS:	_____				
CITY:	_____	STATE:	_____	ZIP:	_____	TELEPHONE:	_____
INSURANCE AGENT:	_____	ADDRESS:	_____				
CITY:	_____	STATE:	_____	ZIP:	_____	TELEPHONE:	_____
POLICY NO:	_____	EFFECTIVE DATE:	_____	TYPE OF COVERAGE:	_____	AMOUNT:	_____
POLICY NO:	_____	EFFECTIVE DATE:	_____	TYPE OF COVERAGE:	_____	AMOUNT:	_____

Application must be completed and submitted with a current certificate of insurance, a copy of the most recent inspection and payment by check or money order in the amount of \$100.00 (Permit Fee) for each zipline or canopy tour at least fifteen (15) calendar days prior to first play date. *Failure to file your application within this time frame will result in a \$75.00 additional fee as provided in §21-15-7(b).*

I certify that the information provided in this application is current and accurate to the best of my knowledge.

Signature: _____ Date: _____

Name: _____ Title: _____

ZIPLINE/CANOPY TOUR REGISTRATION

(Please check one)

DEVICE ID# _____ ZIPLINE: _____ CANOPY TOUR: _____

LOCATION: _____

DATES OF OPERATION: From _____ To _____ DATE OF INSTALLATION: _____

NAME OF INSTALLER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE: _____

(Please check one)

DEVICE ID# _____ ZIPLINE: _____ CANOPY TOUR: _____

LOCATION: _____

DATES OF OPERATION: From _____ To _____ DATE OF INSTALLATION: _____

NAME OF INSTALLER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE: _____

(Please check one)

DEVICE ID# _____ ZIPLINE: _____ CANOPY TOUR: _____

LOCATION: _____

DATES OF OPERATION: From _____ To _____ DATE OF INSTALLATION: _____

NAME OF INSTALLER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE: _____

(Please check one)

DEVICE ID# _____ ZIPLINE: _____ CANOPY TOUR: _____

LOCATION: _____

DATES OF OPERATION: From _____ To _____ DATE OF INSTALLATION: _____

NAME OF INSTALLER: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ TELEPHONE: _____