WEST VIRGINIA DIVISION OF LABOR

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

AMUSEMENT RIDE/ATTRACTION PERMIT APPLICATION

APPLICANT

ID # _____

COMPANY: _____ **ADDRESS:** _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **E-MAIL ADDRESS:** _____

TELEPHONE: _____ **CELL PHONE:** _____ **FAX:** _____

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 and payment by check, money order, or credit card in the amount of $100.00 (Permit Fee) for each ride fifteen (15) calendar days prior to first play date in West Virginia. Failure to file your application timely will result in a $75.00 additional fee as provided for in § 21-10-4(b). ***Credit card payments available on our web site at www.labor.wv.gov .***

West Virginia Code § 21-10-14. Any operator or owner who knowingly permits the operation of an amusement ride or amusement attraction in violation of the provisions of this article is guilty of a misdemeanor, and, upon conviction thereof, shall be fined not less than two hundred fifty dollars nor more than one thousand dollars, imprisoned in the county jail not more than twelve months, or both fined and imprisoned. Each day that the violation continues shall be considered a separate violation.

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

Signature: _____ **Date:** _____

Name: _____ **Title:** _____

AMUSEMENT RIDE/ATTRACTION REGISTRATION

DEVICE: ______________________________ **MODEL:** _____________ **SERIAL NO:** ____________________________ **YEAR MANUFACTURED:** ________

NAME OF MANUFACTURER: ____**ADDRESS:** ____

CITY: ____ **STATE:** _____________ **ZIP:** _________________ **TELEPHONE:** ___________________

DEVICE: ______________________________ **MODEL:** _____________ **SERIAL NO:** ____________________________ **YEAR MANUFACTURED:** ________

NAME OF MANUFACTURER: ____**ADDRESS:** ____

CITY: ____ **STATE:** _____________ **ZIP:** _________________ **TELEPHONE:** ___________________

DEVICE: ______________________________ **MODEL:** _____________ **SERIAL NO:** ____________________________ **YEAR MANUFACTURED:** ________

NAME OF MANUFACTURER: ____**ADDRESS:** ____

CITY: ____ **STATE:** _____________ **ZIP:** _________________ **TELEPHONE:** ___________________

DEVICE: ______________________________ **MODEL:** _____________ **SERIAL NO:** ____________________________ **YEAR MANUFACTURED:** ________

NAME OF MANUFACTURER: ____**ADDRESS:** ____

CITY: ____ **STATE:** _____________ **ZIP:** _________________ **TELEPHONE:** ___________________

DEVICE: ______________________________ **MODEL:** _____________ **SERIAL NO:** ____________________________ **YEAR MANUFACTURED:** ________

NAME OF MANUFACTURER: ____**ADDRESS:** ____

CITY: ____ **STATE:** _____________ **ZIP:** _________________ **TELEPHONE:** ___________________

DEVICE: ______________________________ **MODEL:** _____________ **SERIAL NO:** ____________________________ **YEAR MANUFACTURED:** ________

NAME OF MANUFACTURER: ____**ADDRESS:** ____

CITY: ____ **STATE:** _____________ **ZIP:** _________________ **TELEPHONE:** ___________________

DEVICE: ______________________________ **MODEL:** _____________ **SERIAL NO:** ____________________________ **YEAR MANUFACTURED:** ________

NAME OF MANUFACTURER: ____**ADDRESS:** ____

CITY: ____ **STATE:** _____________ **ZIP:** _________________ **TELEPHONE:** ___________________

COPY THIS BLANK PAGE TO REGISTER ADDITIONAL RIDES/ATTRACTIONS

AMUSEMENT RIDES/ATTRACTIONS PLAYDATES IN WEST VIRGINIA

EVENT: ______________________________

LOCATION: ______________________________ **CITY/TOWN:** ______________________________ **COUNTY:** ______________________________

SET UP DATE: ______________ **EVENT STARTING DATE:** ______________ **STARTING TIME:** ______________ **DISASSEMBLY DATE:** ______________

EVENT SPONSOR: ______________________________ **SPONSOR'S ADDRESS:** ______________________________ **SPONSOR'S TELEPHONE:** ______________________________

EVENT: ______________________________

LOCATION: ______________________________ **CITY/TOWN:** ______________________________ **COUNTY:** ______________________________

SET UP DATE: ______________ **EVENT STARTING DATE:** ______________ **STARTING TIME:** ______________ **DISASSEMBLY DATE:** ______________

EVENT SPONSOR: ______________________________ **SPONSOR'S ADDRESS:** ______________________________ **SPONSOR'S TELEPHONE:** ______________________________

EVENT: ______________________________

LOCATION: ______________________________ **CITY/TOWN:** ______________________________ **COUNTY:** ______________________________

SET UP DATE: ______________ **EVENT STARTING DATE:** ______________ **STARTING TIME:** ______________ **DISASSEMBLY DATE:** ______________

EVENT SPONSOR: ______________________________ **SPONSOR'S ADDRESS:** ______________________________ **SPONSOR'S TELEPHONE:** ______________________________

EVENT: ______________________________

LOCATION: ______________________________ **CITY/TOWN:** ______________________________ **COUNTY:** ______________________________

SET UP DATE: ______________ **EVENT STARTING DATE:** ______________ **STARTING TIME:** ______________ **DISASSEMBLY DATE:** ______________

EVENT SPONSOR: ______________________________ **SPONSOR'S ADDRESS:** ______________________________ **SPONSOR'S TELEPHONE:** ______________________________

EVENT: ______________________________

LOCATION: ______________________________ **CITY/TOWN:** ______________________________ **COUNTY:** ______________________________

SET UP DATE: ______________ **EVENT STARTING DATE:** ______________ **STARTING TIME:** ______________ **DISASSEMBLY DATE:** ______________

EVENT SPONSOR: ______________________________ **SPONSOR'S ADDRESS:** ______________________________ **SPONSOR'S TELEPHONE:** ______________________________

EVENT: ______________________________

LOCATION: ______________________________ **CITY/TOWN:** ______________________________ **COUNTY:** ______________________________

SET UP DATE: ______________ **EVENT STARTING DATE:** ______________ **STARTING TIME:** ______________ **DISASSEMBLY DATE:** ______________

EVENT SPONSOR: ______________________________ **SPONSOR'S ADDRESS:** ______________________________ **SPONSOR'S TELEPHONE:** ______________________________

COPY THIS BLANK PAGE TO REPORT ADDITIONAL EVENT PLAYDATES

West Virginia Division of Labor

1900 Kanawha Boulevard, East
State Capitol Complex • Building 3, Room 200 Charleston, WV 25305
Email: Safety@wv.gov * Fax: (304) 558-2415 * Main: (304) 558-7890

Notice of Scheduled Inspection

This is a fillable form. Save to your device or make copies to use for addtional inspections during this season.

File Number: _____

Business Name: _____

Business Address: _____

Please complete and return to the West Virginia Division of Labor as you **add rides or attractions** during this season.

Name of inspector who will inspect your ride(s)/attraction(s): _____

Date of scheduled inspection: _____

Event at which you will be inspected: _____

Rides inspected at this event: _____

_____

_____

Date of scheduled inspection: _____

Event at which you will be inspected: _____

Rides inspected at this event: _____

_____

_____

_____
Printed Name and Title

_____
Signature

_____
Date