



APPLICATION FOR AMUSEMENT RIDE OR AIR SUPPORTED STRUCTURE OPERATING PERMIT

\$10.00 FEE PER RIDE DECAL ISSUED MUST ACCOMPANY COMPLETED APPLICATION
This application must be used to receive your operating permits – We do not accept personal made forms

Name:		Phone number:		
Firm name:				FAX Number:
Address:		City:	State:	ZIP + 4:
		Email address:		

RIDE	DECAL NUMBER <small>Department use only</small>	SERIAL NUMBER	Emergency Corrections		
			NO	YES	Completed?
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IF CORRECTIONS HAVE BEEN ISSUED, PLEASE ATTACH ALL INSPECTION REPORTS TO THIS APPLICATION.
 PERMITS WILL NOT BE ISSUED UNTIL EMERGENCY CORRECTIONS ARE COMPLETED AND MARKED OFF BY INSPECTOR.**

<p>NOTE: An original copy of the insurance policy must be on the file with the Dept. of Labor & Industries, Electrical Section, before an operating permit can be issued. The Dept must be listed as a policy holder on your certificate.</p>	<p>Applicant's signature (REQUIRED):</p>
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AMUSEMENT RIDE OR STRUCTURE CERTIFICATE OF INSPECTION

INSPECTOR: I hereby certify and affirm that on the date shown below I personally performed the mechanical safety inspection of the amusement ride(s) or structure(s) named above and found that the ride(s) or structure(s) meets the standards for coverage as required by Chapter 67.42 RCW.			
Inspection date	Inspector's signature(REQUIRED):	Print Name:	Phone Number: