

WEST VIRGINIA DIVISION OF LABOR

Safety Section

Room 749-B, Building 6, Capitol Complex • Charleston, West Virginia 25305
Telephone (304) 558-7890 • Fax (304) 558-2415
www.wvlabor.com

Earl Ray Tomblin
Governor

David W. Mullins
Commissioner

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.wvlabor.com/amusementridefees.html.

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