



State of Oklahoma
Department of Labor

4001 NORTH LINCOLN BOULEVARD
OKLAHOMA CITY, OK 73105-5212

(405) 528-1500

Lloyd L. Fields
Commissioner

Brad Henry
Governor

**STATE OF OKLAHOMA AMUSEMENT RIDE
CERTIFICATE OF INSPECTION APPLICATION**

Legal Name of Company _____ Telephone () _____

D/B/A or Trading As: _____ FED ID _____

Owner of Company _____ Fax () _____

Permanent Mailing Address _____

City _____ State _____ Zip _____

Primary Place of Business _____

Contact Person _____ Telephone () _____

Email address _____ Cell/Other () _____

The company makes application for a Certification of Inspection to operate in the State of Oklahoma and encloses the following documents for each amusement ride identified on the ride list which is attached to and incorporated into this application.

1. Amusement Ride List (ride name, serial #/ID # or US ID #)
2. Itinerary/Route Sheet/Request for Inspection.
3. Annual or setup Inspection information.
4. Nondestructive Testing information (if required).
5. Proof of Insurance in the amount of no less than one million dollars (\$1,000,000) covering each listed ride .
6. If applying for waiver include all necessary waiver information.

I hereby acknowledge that I have read this application and the attachments and that they are true and correct.

Signature of Owner or Manager

Date