S t a t e o f C a l i f o r n i a Edmund G. Brown, Jr., *Governor*

Department of Industrial Relations
Division of Occupational Safety and Health
AMUSEMENT RIDE SECTION
2424 Arden Way, Suite 340
Sacramento, CA 95825
Phone: 916.263.3511
Fax: 916.263.3576

APPLICATON FOR PERMIT TO OPERATE TEMPORARY AMUSEMENT RIDES

Application is hereby made for authorization to operate the following temporary Amusement rides in compliance with the Labor Code Section 7906

An insurance policy and route list, including the name of each town or city, street location and dates of operation of the ride at each location, shall accompany this form.

Mail application, insurance policy and route list to:

STATE OF CALIFORNIA
DIR-DOSH
AMUSEMENT RIDE SECTION
2424 Arden Way, Suite 340
Sacramento, CA 95825

Registration number for each ride will be assigned when the permit is issued.

The fee for each ride will be collected at the time of the inspection, required by Labor Code section 7906, before the permit to operate is issued. All checks or money orders shall be made payable to the DEPARTMENT OF INDUSTRIAL RELATIONS.

Name of Temporary Amusement Ride Operation

Name of Owner/Operator Date

Permanent Address Home/Office Telephone# Cell #

City State Zip Code

Email Address FAX #

Authorized Signature Title

NAME OF TEMPORARY AMUSEMENT RIDE OPERATION:_____

NAME OF OWNER/OPERATOR:_____

TRADE / RIDE NAME	RIDE NUMBER	MANUFACTURER
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