



New York State Department of Labor
 Division of Safety and Health
 License & Certification Unit Room 161A
 State Office Campus Building 12
 Albany NY 12240
 (518) 457-2735

Check appropriate boxes and complete the items listed	
<input type="checkbox"/> Amusement Device Permit	
<input type="checkbox"/> Initial: 1, 2, 4 - 17 And 21	
<input type="checkbox"/> Renewal: 1, 2, 4 - 19, 20 Or 21	
<input type="checkbox"/> Viewing Stand or <input type="checkbox"/> Tent	
<input type="checkbox"/> Initial: 1, 2, 4 - 11, 16, 17, 21	
<input type="checkbox"/> Renewal: 1 - 11, 16 - 19, 21	

Application For Amusement Device, Viewing Stand and/or Tent Permit

1a. Legal name and mailing address of <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Lessee (Check One)		2. Federal Employer Identification Number (FEIN)	
1b. D.B.A. if any	1c. Phone number		3. State Registration Number
4. Name and address of liability insurance company Phone number		5. Amount of ins. policy	6. Insurance a. Effective Date _____ b. Expiration Date _____
7. Name and address of manufacturer of device/viewing stand/tent			
8. Manufacturer's model no., if any	9. Status <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	10. Capacity _____ a. No. of Persons	_____ b. Weight
11. For permanent devices, viewing stands, and/or tents only - Name and location of amusement park			

For Amusement Devices Only

12. Type of device and name device is known by (or example, Roller Coaster - "Wild Mouse")		
13. Device classification <input type="checkbox"/> Adult <input type="checkbox"/> Kiddie	14. Maximum speed	15. Identification number
16. Signature and title of person completing this application		17. Date of application

Renewal of a Permit

18. Date current permit issued _____	19. Has the device, viewing stand or tent been substantially rebuilt or modified since your last inspection by this department? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, briefly describe the changes on the reverse of this form, and notify the department in order to obtain the required Department of Labor Inspection.	
20. Annual inspection a. Date and location of inspection	b. Inspection conducted by (Check One) <input type="checkbox"/> 1. Licensed architect <input type="checkbox"/> 4. NYS Dept. of Labor Insp. <input type="checkbox"/> 2. Professional engineer <input type="checkbox"/> 5. Other (Specify) <input type="checkbox"/> 3. Inspector or Insurance Underwriter	

The annual inspection must at minimum comply with the requirements of the Commissioner. An affidavit of the inspection must be submitted with this application unless "NYS Department of Labor Inspector" is checked in # 20b above.

21. Department of Labor Inspection - Indicate the date and location in NYS that the device will be available for inspection

Do Not Write Below This Line

22. Date of inspection a. Date b. Conducted By	23. Permit issued a. <input type="checkbox"/> Issued _____ (Date) b. <input type="checkbox"/> Denied _____ (Date)	24. Payment Information Bill Number: _____	25. Remarks: If Permit is denied, reason must be listed.
	26. Approval: Apply top section of permit showing permit number to this space.		

Fee Requirement

You must submit a non-refundable fee with each application. The amount is one hundred dollars (\$100.00) for each amusement device. The fee for a viewing stand or tent is based on the estimated cost of the tent or stand. A schedule of fees is listed on the back of the "Application for Examination of Plans." The check or money order must be made payable to the Commissioner of Labor.

Insurance

For Workers' Compensation

Insurance (Only one of these forms is necessary)

- A.) C-105.2 - Certificate of Workers' Compensation Insurance
- B.) CE-200 - Certificate of Attestation of Exemption
- C.) U-26.3 State Insurance Fund's version of C-105.2
- D.) SI-12 - Certificate of Group Workers' Compensation Self-Insurance
- E.) GSI-12 - Certificate of Group Workers' Compensation Self-Insurance
- F.) GSI-105.2 Certificate of Participation in Workers' Compensation Group Self-insurance

For Disability Insurance

(Only One of these forms is necessary)

- A.) CE-200 - Certificate of Attestation of Exemption
- B.) DB-120.1 - Certificate of Disability Insurance
- C.) DB-155 - Certificate of Disability Benefit Self-Insurance

For information regarding Workers' Compensation or Disability Insurance, you may contact the New York State Worker's Compensation Board at www.wcb.state.ny.us

Inspection Requirement

The annual inspection must at minimum comply with the requirements of the Commissioner of Labor. An affidavit of the inspection must be submitted with this application unless "NYS Department of Labor Inspector" is checked in # 20b on the reverse side.

You must complete either item 20 or item 21 based on the following guidelines.

To renew a permit by a Department of Labor inspection, complete Item 20 if:

1. the owner, agent, or lessee submits an affidavit of annual inspection by a licensed architect, professional engineer, or inspector of an insurance underwriter; or
2. the last inspection by the Department of Labor (which must have occurred within one year from the date of the renewal application) resulted in no violations, or if violations were found, all violations were complied. The inspection and compliance, if appropriate, must be confirmed by Department of Labor records.

If the owner, agent or lessee does not meet the criteria stated in 1 or 2 above, or their last inspection does not meet the conditions stated in 2 above, the Department of Labor must conduct an inspection before the permit can be renewed.

To renew a permit by a Department of Labor inspection, complete item 21 if:

1. the device, stand or tent has not previously been issued a permit to operate; or
2. the amusement device has been substantially rebuilt or modified since the last inspection by the Department of Labor.

An annual inspection by the Department of Labor is mandatory before a viewing stand or tent may be used in New York State.

Comments: Describe any changes or modifications to a device or setup since the last inspection in New York State, or any other comments relevant to your application.

For each amusement device:

Submit this completed application along with required fee for each amusement device, Certificate of Liability Insurance, a Certificate of Workers' Compensation and Disability Insurance coverage, Location Notice, and Equipment Inventory to the License and Certificate Unit, at the address given on the front of this form.

For each viewing stand and tent:

Submit all materials required for Amusement Device Permits plus design plans, Certificate of Flammability Test, Application for Examination of Plans, and required fee for plan approval to: Engineering Services Unit, Division of Safety and Health, New York State Department of Labor, State Office Campus, Building 12 - Room 154, Albany, N.Y. 12240.