



# Amusement Ride Permit Application

Department of Consumer & Business Services  
 Building Codes Division  
**Amusement Ride Safety Program**  
 1535 Edgewater St. NW, Salem, Oregon  
 P.O. Box 14470, Salem, OR 97309-0404  
 (503) 373-1298 • Fax: (503) 378-4101  
 Web: bcd.oregon.gov

**Mail application with payment to:**  
 DCBS Fiscal Services  
 P.O. Box 14610  
 Salem, OR 97309-0445

DEPARTMENT USE ONLY	
Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Permit no.:	_____
Issued:	_____ Expires: _____
Permit fee (70711/1195):	.....\$25.00
12% surcharge (70711/1291):	.....\$3.00
Total fee (nonrefundable):	.....\$28.00
Restrictions noted:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Your Oregon identification no. (existing ride): OR-\_\_\_\_\_  
 (One ride per application)

**A copy of the inspector's report *must* accompany this application.**

## PERMIT TYPE

<input type="checkbox"/> New ride/device	* If the ride is materially rebuilt or modified changing the original action of the ride, an inspection report must accompany this application.	** If applying for a temporary permit, the owner must demonstrate that a reasonable attempt was made to obtain a timely inspection.
<input type="checkbox"/> Annual renewal		
<input type="checkbox"/> Modified/rebuilt*		
<input type="checkbox"/> Temporary**		

## OWNER INFORMATION — ORS 460.330

Name:	Phone: ( )		
Address:	Fax: ( )		
City:	State:	ZIP:	E-mail:
Additional information: <input type="checkbox"/> Carnival <input type="checkbox"/> Permanent <input type="checkbox"/> Owner/operator complies with ASTM F770-93 Sect. 4			

## AMUSEMENT RIDE DEVICE AND INSPECTION INFORMATION — ORS 460.330

Ride name:	Serial no.:	
Manufacturer:	Date manufactured:	Model no.:
Ride type:	<input type="checkbox"/> High ride <input type="checkbox"/> Kiddie ride <input type="checkbox"/> Circular ride <input type="checkbox"/> Flat ride	
<input type="checkbox"/> Copies of any manufacturer <b>safety alerts</b> , <b>service bulletins</b> , or <b>notifications</b> received since last application attached. (Ref. ASTM F853-98)		

## INSURANCE CARRIER INFORMATION — ORS 460.320

Insurance company:		
Policy no.:	Policy expiration date:	<input type="checkbox"/> ACORD© form attached
Owner/operator is required to notify the Amusement Ride Safety Program if there are changes to ride insurance.		
Comments:		
Owner's signature:	Print name:	Date:

**Secure fax for  
 credit card payments:  
 (503) 947-2333**

Make check or money order payable to Department of Consumer & Business Services. If paying by credit card, applicant must sign credit-card information box. Do **not** send cash.

***Incomplete applications will not be processed and are non-refundable.***

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: ( )
Credit card number	Expiration date
Name of cardholder as shown on credit card	\$
Cardholder signature	Amount

DCBS Fiscal use only: