



## Application for Amusement Device, Viewing Stand or Tent Operating Permit

You must provide personal information to complete this form. The authority to collect this information is found in the New York State Labor Law. This information will be maintained and used to process the application you are filing with the License and Certificate Unit. Failure to provide this information may result in our inability to process your application.

For all permit applications, new and renewal, complete applicant's information and 1 through 5b, and **sign number 7**.

In addition:

- If your application is for an amusement device permit, also complete number 6

Return the signed form to the address above. See page 2 for more information and required documentation.

**Apply Online:** You can now apply for this license using the Management System for Protecting Workers' Rights (MPWR). To apply online, go to <https://dol.ny.gov/mpwr> and login with your ny.gov account.

This online system speeds up the application process and makes information about applications readily available.

Using MPWR, an applicant can:

- Submit their information, upload the required documentation, and pay online in one easy step.
- Receive real-time updates about the status or issues with respect to their application when they opt-in to receive electronic communications.
- Select their preferred language.

### Applicant's Information (Legal name and mailing address of operator) (Must match Department of State filing)

1. Business legal name: \_\_\_\_\_

Type of Business Organization:  Corporation  Government  Limited Liability Company

Limited Liability Partnership  Partnership  Sole Proprietorship

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_ FEIN: \_\_\_\_\_

Doing Business as (DBA, if any submit documentation): \_\_\_\_\_

### Questions

2. This application is for (check one):  An amusement device  A viewing stand  A tent

3. The permit type needed is a (check one):  New Permit  Renewal

4. Manufacturer information:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Model number, if any: \_\_\_\_\_ Capacity, number of persons: \_\_\_\_\_

Is the amusement device, viewing stand or tent permanently installed?  Yes  No

5. Has the amusement device, viewing stand or tent been rebuilt or modified since the last inspection?  Yes  No

5b. If 'Yes', describe any changes or modifications since the last inspection in New York State or any other comments relevant to your application.  
\_\_\_\_\_  
\_\_\_\_\_

6. For amusement devices only:

Type of device: \_\_\_\_\_ Identification number: \_\_\_\_\_

Name device is known by (example: Roller coaster – "Wild Mouse"):

Maximum speed: \_\_\_\_\_ Capacity, weight \_\_\_\_\_

7. Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

# Permit Application Information

You must have a valid New York State (NYS) issued operating permit for each amusement device, viewing stand or tent before it is used in New York State. They are good for one year.

**However, even if you have a permit, you must NOT use any amusement device, viewing stand or tent, if it is not properly assembled, is defective, is unsafe in any of its parts, components, controls or safety equipment.**

**Required inspections** of a temporary or permanent amusement device, viewing stand or tent in NYS:

- An inspection by the New York State Department of Labor (DOL) is mandatory before the first time use in NYS.
- An annual inspection is mandatory every year
- An amusement device, viewing stand or tent must be inspected by the DOL

**Note for renewals:** You must submit your application, and all required accompanying information **10 days prior** to the permit issue date.

**For each Amusement Device Permit Application:**

- Submit a completed and signed application for each device to the:
  - New York State Department of Labor
  - Division of Safety and Health
  - License and Certificate Unit
  - Harriman State Office Campus
  - Building 12, Room 161A
  - Albany, NY 12240
- With each amusement device permit application include the following:
  - **Forms:**
    - a) Proofs of Insurance
      - Certificate of Liability Insurance - One Million Dollar minimum occurrence based coverage and per occurrence coverage: (Acord 25 form or similar).
      - Certificate of Workers' Compensation (see list of acceptable forms below)
      - Disability Insurance Coverage (see list of acceptable forms below)

**Please Note:** All insurance proof must list NYS DOL as certificate holder
    - b) Location Notice, and Equipment Inventory
    - c) Certificate of Flammability Test
    - d) For a **permit renewal** also include the affidavit of annual inspection if it was done by a licensed architect, professional engineer, or inspector for an insurance underwriter
  - **Fee:**
    - Include a non-refundable one hundred dollars, **\$100.00**, fee with each application. Please make your check or money order payable to the Commissioner of Labor.

**For each Viewing Stand or Tent Permit Application:**

- Submit a completed and signed application for each viewing stand or tent to the:
  - NYS Department of Labor
  - Division of Safety and Health
  - Engineering Services Unit
  - Harriman State Office Campus
  - Building 12, Room 154
  - Albany, NY 12240.
- With each viewing stand or tent permit application include the following:
  - **Forms:**
    - a – d) All the forms listed in the amusement device section (a - d), plus:
      - e) Design plans
      - f) Application for Examination of Plans
      - g) For a **permit renewal**, see (f) in the amusement device section
  - **Fee:**
    - None, there is no required fee for viewing stand or tent permits

**Proof of Workers' Compensation Insurance forms**

(only one is needed):

- |           |  |
|-----------|--|
| C-105.2   | Certificate of Workers' Compensation Insurance                                   |
| CE-200    | Certificate of Attestation of Exemption  |
| U-26.3    | State Insurance Fund's version of C-105.2  |
| SI-12     | Certificate of Workers' Compensation Self-Insurance                              |
| SI-105.2P | Certificate of Participation in Workers' Compensation County Self-Insurance Plan |
| SIG-105.2 | Certificate of Participation in Workers' Compensation Group Self-Insurance       |

**Proof of Disability Insurance forms**

(only one is needed):

- |          |  |
|----------|--|
| CE-200   | Certificate of Attestation of Exemption          |
| DB-120.1 | Certificate of Disability Insurance              |
| DB-155   | Certificate of Disability Benefit Self-Insurance |