

Michigan Department of Licensing and Regulatory Affairs  
 Bureau of Construction Codes  
 Elevator and Ski/Amusement Division  
 P.O. Box 30255, Lansing, MI 48909  
 517-241-9273  
 www.michigan.gov/bcc  
 lara-bcc-ski-amusement@michigan.gov

FOR OFFICE USE ONLY	
Approved By:	
Date Approved:	
License Number	

## APPLICATION FOR AUTHORIZATION TO OPERATE AN AMUSEMENT RIDE AND PREPAYMENT OF ANNUAL INSPECTION FEES

AUTHORITY: 1966 PA 255, MCL 338.3434(2), and 42 USC 654

PENALTY: FAILURE TO PROVIDE THE INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

New

Renewal

<b>Company Information</b>			
(Check One Box) <input type="checkbox"/> Name of Carnival Amusement Company <b>OR</b> <input type="checkbox"/> Name of Manufacturer		Company I.D. Number ( if applicable)	
Address	City	State	Zip Code
Telephone Number	E-mail Address		
Required Additional Documents			
<ul style="list-style-type: none"> <li>● Mobile operator routing schedule identifying the rides intended for operation and the dates and locations where they will be used, worksheet attached.</li> <li>● Proof of insurance or bond. Insurance coverage of an amount not less than \$300,000 or bond in the amount of not less than \$300,000, in accordance with MCL 408.666.</li> <li>● Plans or diagrams of each new ride not type-certified in Michigan.</li> <li>● List of rides including serial number, type of ride (aerial, kiddie, coaster, adult or zip line) and prior Permanent I.D. # (if applicable), worksheet attached.</li> <li>● Provide list of Special Inspector names.</li> </ul>			
I certify that the statements in this document are true and complete.			
_____		_____	
Signature		Date	
<b>FEE PAYMENT INFORMATION</b>			
Required Number of Ride <b>Permits:</b> _____ x \$10 = \$ _____		Permits expire annually on March 1.	
<b>Inspection Pre-Payment</b> _____ (2005-45)		<b>Renewals only.</b> Pursuant to MCL 408.658(2), fees will be doubled if not received within 30 calendar days after notice of the amount due is given. Renewals applied for 30 days after the March 1 submission deadline must remit double permit and inspection fees.	
Number of <b>Inspection Fees</b> (does not apply for manufacturer applicant)			
_____ x \$40 Kiddie Rides = \$ _____	(2005-34)	<b>FOR OFFICE USE ONLY - VALIDATION</b>	
_____ x \$90 Fixed Coasters = \$ _____	(2005-34)		
_____ x \$115 Aerial Lifts = \$ _____	(2005-34)		
_____ x \$50 Misc. Rides = \$ _____	(2005-34)		
_____ x \$50 Misc Zip Line = \$ _____	(2005-34)		
If applicable \$5 Special Inspector = \$ _____	(2002-01)		
Commission Fee = \$ _____			
Total Remittance for Fees = \$ _____			
This fee must be paid with this application. An inspection will not be scheduled until the inspection fee is paid.			
Make your check or money order in U.S. Currency payable to: <b>STATE OF MICHIGAN</b>			
NON-REFUNDABLE FEES ARE AUTHORIZED BY 1966 PA 255			

## RIDE LIST WORKSHEET

Ride Information		Enter Type of Ride: A-Aerial E- Kiddie L-Coaster R-Adult Z-Zip Line	Fixed or Mobile	Previous Owner (if not new)	Prior Michigan Permit No. if held Michigan permit	Date of Last Michigan Inspection, if applicable
1	Name of Ride				<b>2005 -</b>	
	Manufacturer & Model #					
	Serial #					
2	Name of Ride				<b>2005 -</b>	
	Manufacturer & Model #					
	Serial #					
3	Name of Ride				<b>2005 -</b>	
	Manufacturer & Model #					
	Serial #					
4	Name of Ride				<b>2005 -</b>	
	Manufacturer & Model #					
	Serial #					
5	Name of Ride				<b>2005 -</b>	
	Manufacturer & Model #					
	Serial #					
6	Name of Ride				<b>2005 -</b>	
	Manufacturer & Model #					
	Serial #					
7	Name of Ride				<b>2005 -</b>	
	Manufacturer & Model #					
	Serial #					
8	Name of Ride				<b>2005 -</b>	
	Manufacturer & Model #					
	Serial #					
9	Name of Ride				<b>2005 -</b>	
	Manufacturer & Model #					
	Serial #					
10	Name of Ride				<b>2005 -</b>	
	Manufacturer & Model #					
	Serial #					

## ROUTING SCHEDULE WORKSHEET (MOBILE COMPANIES)

<b>Instructions</b> Complete for the entire season and submit via mail, fax or e-mail as early as possible. E-mail address is <a href="mailto:lara-bcc-ski-amusement@michigan.gov">lara-bcc-ski-amusement@michigan.gov</a> , fax number is <b>517 241 0130</b> . Complete for the entire season and submit via mail, fax or e-mail as early as possible. Allow two weeks notice for changes submitted by mail. In emergencies, changes may be telephoned.			Page No. _____  _____ of _____	
Event or Organization			Street Address	
City			Operate Dates	
Set-up Date(s)			2001-	
1				
2				
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