

**Iowa Division of Labor
Amusement Ride Safety**
150 Des Moines Street
Des Moines, IA 50309-1836
Phone: 515-725-5612/515-725-5608
Fax: 515-242-5076
amusement@iwd.iowa.gov
amusement.iowa.gov

Amusement Ride Operating Permit Instructions

It is illegal to operate an amusement ride or device without a permit. Submit a completed application and certificate of insurance to the address above. The waiver section of the application form must be completed for a permit application submitted after May 1. Failure to adequately justify an application submitted after May 1 may result in denial of your operating permit. Permits expire annually on December 31st of the year issued.

Certificate of Insurance

The certificate of insurance submitted with your application must:

- Include "Iowa Division of Labor – Amusement Ride Safety, 150 Des Moines Street, Des Moines, IA 50309" as a certificate holder
- List included and excluded rides identified by the serial number
- State effective dates of the insurance coverage
- State a coverage amount of \$1,000,000.00 or more per occurrence

Inspection

Your equipment must be inspected by a designee of the Labor Commissioner before it can be operated in Iowa. Contact the Division of Labor as early as possible to schedule your inspection.

All rider safety signs shall be posted before the inspection. At the time of inspection the following must be presented to the inspector:

- maintenance logs
- daily inspection logs
- operator training logs
- NDT documents if required

Fees

Fees may be sent in with application or given to the inspector at the time of inspection. Rides will not receive stickers and shall not operate until the permit and inspection fees are paid. Cash will not be accepted. Payment must be made by check, cashier's check or money order payable to the "Iowa Division of Labor – Amusement Ride Safety."

Permit Fees: **\$30.00** – 1-10 rides or concessions **\$40.00** – 11 or more rides or concessions

Inspection Fees: **\$250.00** – Major ride (more than 40 hours of work to assemble)

\$110.00 – Adult ride (passengers weighing 75 lbs or more and less than 40 hours to assemble)

\$75.00 – Kiddie ride – (passengers weighing 75 lbs or less)

\$40.00 – Concession booth **\$40.00** – Inflatable

\$40.00 – Blower **\$40.00** – Generator

Reporting Requirements

You must notify the Division of Labor:

- immediately of an accident causing a death or injury needing more than first aid
- in writing within 48 hours of a major breakdown
- of any change in the owner's contact information
- of any change in your itinerary

If applying to self-inspect inflatables, you must submit both application forms. All criteria must be met. Notification will be sent once a decision has been made.

**Iowa Division of Labor
Amusement Ride Safety**
150 Des Moines Street
Des Moines, IA 50309-1836
Phone: 515-725-5612/515-725-5608
Fax: 515-242-5076
amusement@iwd.iowa.gov
amusement.iowa.gov

FOR OFFICE USE ONLY

Permit #:	_____
Permit Year:	_____
Check #:	_____

Amusement Ride Operating Permit Application

Inspections will not be scheduled until this form has been completed, signed and dated.

Show name			
Owner's name		Owner's email address	
Owner's address		City	State Zip
Owner's phone number	Owner's mobile number	Owner's fax number	
Billing address <small>same as owner address</small>		City	State Zip
Billing contact name		Billing contact email address	
Setup contact name	Setup contact mobile number	Setup contact email address	
Is business incorporated? Yes No		Is business a sole proprietor? Yes No	
If yes, in which State:		If, yes Social Security #:	
Insurance Provider		Insurance Contact Name	
Insurance Phone Number	Insurance Fax Number	Insurance Email Address	

Waiver - Complete this section only if you apply after the May 1st deadline

Date I first knew an Iowa amusement permit would be needed for this calendar year:
I am applying for a waiver from the May 1 st application deadline because:

I have read and understand the operating manuals for my equipment and the requirements of Iowa law governing amusement rides and devices. I certify that everyone who works for me in Iowa will be trained to maintain and operate the equipment according to applicable manuals and Iowa law. I certify that the information on this application form and on any attachments is true and accurate. I understand it is illegal to operate an amusement ride or device without a permit and current inspection sticker.

Signature of Authorized Representative	Title	Date
---	--------------	-------------

Please keep a copy of the completed application package for future reference

Amusement Event Itinerary

List all events that have been booked for this year in the state of Iowa and all events you expect to book. Write "tentative" on an event that has not been finalized. Submit any updates as they become available to: amusement@iwd.iowa.gov.

Set up date/time is the date/time you begin unloading equipment. List approximate times if an exact time is not available.

Show Name: _____ **Permit #:** _____

No events scheduled as of: _____ **(date)**

Event Name				Event Location Name				
Address				City				
Set up Date	Set up Time	AM	PM	Event Start Date	Event Start Time	AM	PM	Event End Date
Number of Rides			Number of Concessions			Number of Inflatables		
Event Name				Event Location Name				
Address				City				
Set up Date	Set up Time	AM	PM	Event Start Date	Event Start Time	AM	PM	Event End Date
Number of Rides			Number of Concessions			Number of Inflatables		
Event Name				Event Location Name				
Address				City				
Set up Date	Set up Time	AM	PM	Event Start Date	Event Start Time	AM	PM	Event End Date
Number of Rides			Number of Concessions			Number of Inflatables		
Event Name				Event Location Name				
Address				City				
Set up Date	Set up Time	AM	PM	Event Start Date	Event Start Time	AM	PM	Event End Date
Number of Rides			Number of Concessions			Number of Inflatables		
Event Name				Event Location Name				
Address				City				
Set up Date	Set up Time	AM	PM	Event Start Date	Event Start Time	AM	PM	Event End Date
Number of Rides			Number of Concessions			Number of Inflatables		
Event Name				Event Location Name				
Address				City				
Set up Date	Set up Time	AM	PM	Event Start Date	Event Start Time	AM	PM	Event End Date
Number of Rides			Number of Concessions			Number of Inflatables		
Event Name				Event Location Name				
Address				City				
Set up Date	Set up Time	AM	PM	Event Start Date	Event Start Time	AM	PM	Event End Date
Number of Rides			Number of Concessions			Number of Inflatables		