



**ILLINOIS DEPARTMENT OF LABOR**  
Carnival & Amusement Ride Inspection Division  
**900 South Spring Street - Springfield, IL 62704**  
Tel: 217-782-9347 – Fax: 217-782-0596  
EMAIL: Ryan.Culton@Illinois.gov

Date: November 1, 2011  
To: All Carnival and Amusement Ride Owners/Operators  
From: Doug Rathbun, Manager of the Carnival & Amusement Ride Inspection Division  
Subject: Instructions/Requirements for the 2012 Operating Season

On the following pages, you will find information regarding the requirements for operating an amusement ride or amusement attraction in Illinois for 2012. Please read the enclosed information carefully to ensure you appropriately perform those items required for a permit to operate. **Application packets must include all appropriate documentation, insurance and permit fees and be submitted at least 30 days prior to your first scheduled event.** Inspectors will only be assigned after we receive the completed application, insurance, and fees.

Inspectors will again be reviewing your carnival worker roster (enclosed) to verify that you have performed the required criminal history records check, national sex offender registry check and have provided adequate training in the operation of the ride or attraction. This form must be available to the inspector, so please keep it on site. You are also required to have your Operators manual, Maintenance manual and Daily inspection log available at all times for the inspector to review.

In the event that you use volunteers, you need not perform the criminal history records check, national sex offender registry check or have a substance abuse policy. However, volunteers must be at least 16 years of age and must be trained in the operation of the ride or attraction. You **are** required to document training and have a volunteer worker roster signed by each volunteer. Please have your completed volunteer worker rosters on site so the inspector may review them.

It is the owner's responsibility to ensure that all information submitted to our office is current throughout the year. Items such as insurance certificates, non-destructive test results and itineraries often expire mid-year or must be updated. Please submit all required documents in a timely manner so we are not spending time trying to acquire this information at the last minute.

*PLEASE DO NOT RETURN THIS PAGE WITH YOUR APPLICATION.*



Page 1 of 2012 Application for Permit to Operate Amusement Rides & Attractions

Name Under Which Business Operates:		
Owner's Name:		Office#:
Address:		
City/State/Zip:		Fax#:
Business Contact Name:		Cell#:
Email Address:		
WRITE ADDITIONAL INFORMATION HERE:		<b>Check All That Apply:</b>
		<input type="checkbox"/> FIXED SITE OPERATOR <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal <input type="checkbox"/> MOBILE OPERATOR <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal <input type="checkbox"/> RENTAL OPERATOR <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal
<b>THIS SECTION MUST BE COMPLETED</b>	First 2012 Date of Operation in IL (month/date):	Last 2012 Date of Operation in IL (month/date):

**THE APPLICABLE SECTION BELOW MUST BE FILLED OUT COMPLETELY.**

The Owner/Operator is (check one):  
 An individual and conducts the business as a sole proprietorship.  
 A Limited Liability Company (LLC)  
 A corporation incorporated under the laws of the State of \_\_\_\_\_ on \_\_\_\_\_.  
 If incorporated outside of Illinois, is the corporation authorized to do business in Illinois?  Yes  No

Corporate, LLC or Company Name:		
Address:		
Chief Operating Officer:		Tel#:
Address:		
City/State/Zip:		Fax#:
Email Address:		

By signing below, **I affirm and certify** that, in accordance with the Carnival and Amusement Rides Safety Act (430 ILCS 85/2-20) I have read and understand this permit application. All information provided and the statements made herein are true, correct and complete. I understand that I am required to promptly notify the Illinois Department of Labor if the information provided in this application changes during the term of the permit.

Signature of <b>OWNER</b>		Date:
Printed Name of <b>OWNER</b>		

**FAXED APPLICATIONS WILL NOT BE PROCESSED**

An applicant must submit a check or money order with their application. **Fees are non-transferable and are not refundable.**

Name Under Which Business Operates:						
	RIDE OR ATTRACTION NAME	MANUFACTURED BY	SERIAL NUMBER OF RIDE	NDT Yes/No	TYPE CODE	FEE DUE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
<b>Total Fees Due:</b>					<b>\$</b>	

TYPE CODE	TYPE	FEE
K	Kiddie Ride	\$55
I	Inflatable Attraction	\$55
M	Major Ride	\$130
A	Amusement Attraction	\$130

TYPE CODE	TYPE	FEE
R	Rope Tow or Conveyor	\$130
C	Coasters, Intermediate	\$260
L	Coasters, Large	\$390
S	Ski Lift or Aerial Tramway	\$390



**2012 INSTRUCTIONS AND INFORMATION**

**FAXED APPLICATIONS WILL NOT BE PROCESSED**

<b>MAIL TO OUR OFFICE</b>	Page 1 of the Application	Fill out the application completely and sign it using the instruction sheet provided. If you have questions, please call our office. This should be in our office at least 30 days prior to your first show or event of the season. Mail this to our office. <b>FAXED APPLICATIONS ARE NOT ACCEPTABLE.</b>
	Page 2 of the Application	The registration form must identify all equipment by name, manufacturer and <b>serial number</b> or identification number. All inflatable attractions <u>must</u> be identified by type, character name/theme, and size. <b>If your company registered rides or attractions in the previous year, a pre-printed registration list has been enclosed.</b> If your ride/attraction list is exactly the same as last year, please submit this pre-printed form as your registration form and do not complete Page 2 of the application.
	Page 3 of the Application	Please be specific when filling out your location itinerary/route sheet. The information is to be typed or printed legibly on the form. Inspectors must have this information to locate your inspection site. If your show dates are in another format, it is not acceptable to submit that in lieu of the location itinerary/route sheet with your application. Changes/additional locations are to be sent as soon as you book them.
	Fees	Permits are valid January 1 <sup>st</sup> through December 31 <sup>st</sup> . Provide a check or money order payable to the Department of Labor. All fees must be submitted with your application or it will NOT be processed.
	Certificate of Insurance	<b>YOU MUST INCLUDE A CURRENT CERTIFICATE OF INSURANCE WITH YOUR APPLICATION EVEN IF YOU OR YOUR INSURANCE COMPANY HAS PREVIOUSLY SUBMITTED ONE.</b>
	Non-Destructive Tests (NDT)	If applicable, provide the appropriate documentation for your NDT. All NDT's must be performed by a Level II or Level III technician. For specific information, visit our website at <a href="http://www.state.il.us/agency/idol/Listings/NDTlist.htm">www.state.il.us/agency/idol/Listings/NDTlist.htm</a> or call the office.
<b>KEEP ON SITE AT ALL TIMES</b>	Carnival Worker & Volunteer Staff Roster Forms	Owners are required to provide the inspector, at the time of inspection or upon request, with a completed "Carnival Worker and/or Volunteer Staff Roster" form listing all staff (operators, attendants, assistants and/or volunteers) that will be operating amusement rides or amusement attractions. These forms are available on the Department's webpage and are enclosed for your convenience.
	Substance Abuse Policy	Owners are required to have a substance abuse policy, in writing, which includes random drug testing. This requirement does not apply to volunteers. Have this information on site at all times.
	National Sex Offender Registry Check	Carnival owners must perform or have performed a National Sex Offender Registry Check. The website to perform these checks is <a href="http://www.nsopw.gov">www.nsopw.gov</a> . This is an annual requirement unless the employee has been constantly employed by you. This requirement does not apply to volunteers. Have this information on site at all times.
	Criminal History Records Check	You must perform a criminal history records check for all employees operating or assisting in the operation of amusement ride or attraction. These checks may be performed by the Illinois State Police, another State or Federal Law Enforcement Agency or a company who is a member of the National Association of Professional Background Screeners ( <a href="http://www.napbs.com">www.napbs.com</a> once on the site, go to "directories" and then "vendor directories"). This information is also available on our website. This is an annual requirement unless the employee has been constantly employed by you. This requirement does not apply to volunteers. Have this documentation on site at all times.
	Ride or Attraction Manual	Owners must have a manual for each ride or attraction in operation. If you do not have one from the manufacturer of the ride or attraction or the ride or attraction is homemade, it is the responsibility of the owner to write one. Have this information on site at all times.
	Training Documentation	All owners are required to provide <b>ride-specific</b> training to all operators and document the training in writing. Have this information on site at all times.
<b>CALL</b>	Requesting Inspections	Initial Inspections are scheduled approximately 2 weeks after the office receives your request <u>and</u> has processed your application. An inspector will contact you to schedule your inspection. After the ride or attraction has been inspected and approved for operation, the inspector will affix the permit decal to the ride and/or attraction. You are prohibited from operating rides or attractions in Illinois until they have been inspected and issued a current permit.

**REPORTING OF ACCIDENTS, INJURIES AND FATALITIES**

*An injury that requires treatment by a licensed physician must be reported, in writing to the Department within 24 hours after occurrence on the Accident Report Form (available on the Department's website). A fatality must be reported as soon as physically possible by calling (217) 299-5512. The Accident Report Form, which is located on our website, is to be faxed or e-mailed to [doug.rathbun@illinois.gov](mailto:doug.rathbun@illinois.gov) or faxed to 217-782-0596.*

*PLEASE DO NOT RETURN THIS PAGE WITH YOUR APPLICATION.*



**2012 VOLUNTEER/STAFF ROSTER** (Keep this form on site with the ride or attraction.)

A "**VOLUNTEER**" is defined as a person who operates or assists in the operation of an amusement ride or amusement attraction for an owner or operator without pay or lodging. An individual shall not be considered a volunteer if the individual is otherwise employed by the same owner or operator to perform the same type of service as those for which the individual proposes to volunteer.

**AMUSEMENT COMPANY INFORMATION**

COMPANY NAME: (who owns the ride or attraction)	
SHOW/EVENT NAME:	
EVENT ADDRESS:	
EVENT CITY:	
DATE:	
SIGNATURE OF OWNER OR AGENT: (This form must be signed by an authorized agent of the company.)	
REGISTERED NAME OF NON-PROFIT ORGANIZATION (if applicable):	
SIGNATURE OF NON-PROFIT CORPORATION OFFICER:	

By signing above, **I affirm and certify** that the individuals listed are volunteers over the age of 16 and have been trained in the safe operation of the amusement ride and/or amusement attraction.

**VOLUNTEER INFORMATION** (completed by the volunteer)

VOLUNTEER NAME: (Last name, First name, Middle Initial)	
TRAINING COMPLETED:	<input type="checkbox"/> Checking box certifies volunteer has been trained in the safe operation of the ride and/or attraction.
DATE:	
SIGNATURE OF VOLUNTEER:	

By signing above, **I affirm and certify** that the information provided and the statements made herein are true, correct and complete.

**VOLUNTEER INFORMATION** (completed by the volunteer)

VOLUNTEER NAME: (Last name, First name, Middle Initial)	
TRAINING COMPLETED:	<input type="checkbox"/> Checking box certifies volunteer has been trained in the safe operation of the ride and/or attraction.
DATE:	
SIGNATURE OF VOLUNTEER:	

By signing above, **I affirm and certify** that the information provided and the statements made herein are true, correct and complete.

**NOTE TO OWNERS:** Owners of amusement rides and/or amusement attractions must maintain this completed form on site at all times the volunteer is working. The owner shall maintain the volunteer roster for a minimum of one year following the event. An owner shall provide this completed form to the Department upon inspection or request. Failure to have the completed form on site may result in amusement rides and/or amusement attractions not being allowed to operate.

**2012 VOLUNTEER/STAFF ROSTER** (Keep this form on site with the ride or attraction.)

<b>VOLUNTEER INFORMATION</b> (completed by the volunteer)	
VOLUNTEER NAME: (Last name, First name, Middle Initial)	
TRAINING COMPLETED:	<input type="checkbox"/> Checking box certifies volunteer has been trained in the safe operation of the ride and/or attraction.
DATE:	
SIGNATURE OF VOLUNTEER:	

By signing above, **I affirm and certify** that the information provided and the statements made herein are true, correct and complete.

<b>VOLUNTEER INFORMATION</b> (completed by the volunteer)	
VOLUNTEER NAME: (Last name, First name, Middle Initial)	
TRAINING COMPLETED:	<input type="checkbox"/> Checking box certifies volunteer has been trained in the safe operation of the ride and/or attraction.
DATE:	
SIGNATURE OF VOLUNTEER:	

By signing above, **I affirm and certify** that the information provided and the statements made herein are true, correct and complete.

<b>VOLUNTEER INFORMATION</b> (completed by the volunteer)	
VOLUNTEER NAME: (Last name, First name, Middle Initial)	
TRAINING COMPLETED:	<input type="checkbox"/> Checking box certifies volunteer has been trained in the safe operation of the ride and/or attraction.
DATE:	
SIGNATURE OF VOLUNTEER:	

By signing above, **I affirm and certify** that the information provided and the statements made herein are true, correct and complete.

<b>VOLUNTEER INFORMATION</b> (completed by the volunteer)	
VOLUNTEER NAME: (Last name, First name, Middle Initial)	
TRAINING COMPLETED:	<input type="checkbox"/> Checking box certifies volunteer has been trained in the safe operation of the ride and/or attraction.
DATE:	
SIGNATURE OF VOLUNTEER:	

By signing above, **I affirm and certify** that the information provided and the statements made herein are true, correct and complete.

<b>VOLUNTEER INFORMATION</b> (completed by the volunteer)	
VOLUNTEER NAME: (Last name, First name, Middle Initial)	
TRAINING COMPLETED:	<input type="checkbox"/> Checking box certifies volunteer has been trained in the safe operation of the ride and/or attraction.
DATE:	
SIGNATURE OF VOLUNTEER:	

By signing above, **I affirm and certify** that the information provided and the statements made herein are true, correct and complete.

**ILLINOIS DEPARTMENT OF LABOR – CARNIVAL & AMUSEMENT RIDE INSPECTION DIVISION  
INSURANCE INFORMATION FACT SHEET**

**OUR OFFICE HAS MOVED. PLEASE ENSURE YOUR INSURANCE COMPANY HAS OUR NEW MAILING ADDRESS.**

**INFORMATION REQUIRED ON CERTIFICATES OF INSURANCE**

The following information applies to Certificates of Insurance filed with the Illinois Department of Labor for amusement rides and amusement attractions to be operated in Illinois.

1. The Illinois Department of Labor must be listed as a certificate holder and notified of any change in the coverage. See address below:

**ILLINOIS DEPARTMENT OF LABOR**  
Carnival and Amusement Ride Inspection Division  
900 South Spring Street  
Springfield, IL 62704  
(217) 782-9347 (phone) - (217) 782-0596 (fax)

2. The company or companies affording coverage shall have a current A. M. Best Company ([www.ambest.com](http://www.ambest.com)) rating of "B" or better and a current Best's financial class of "V" or better. The company affording coverage shall certify these ratings in writing and the certification must accompany your certificate of insurance.
3. Certificates of Insurance must be complete and include a policy number, the policy limits, and types of coverage being afforded. **BINDERS OR PENDING ARE NOT ACCEPTABLE.** Certificates without policy numbers or that have, "under binder", or "To Be Assigned" where the policy number is to be shown are not acceptable.
4. The "Companies Affording Coverage" must be listed. These are the company/companies that will pay any claim that may be made against the policyholder. It is not the name of an intermediate broker that was used in order to secure coverage.
5. If the company affording coverage does not have a "Certificate of Authority" issued by the Illinois Department of Insurance ([www.state.il.us/agency/idoi](http://www.state.il.us/agency/idoi)), the policy and certificate must be stamped "*Surplus Line Association of Illinois*". A Surplus Line Company is a company that does not hold a Certificate of Authority and, therefore, is not a member of the Insurance Guaranty Fund pool. Therefore, if a surplus line company goes into bankruptcy, there are no funds to pay any claim. For more information on this you may contact the Illinois Department of Insurance at (217) 782-1757.
6. The name, address, telephone number and fax number of the "Producer" must be shown on the Certificate of Insurance.
7. The policy limits must meet, or exceed, the requirements of the Illinois Carnival and Amusement Rides Safety Act (430 ILCS 85/2-14) and our Administrative Rules (56 Ill. Adm. Code 6000.80-85). The Illinois Carnival and Amusement Rides Safety Act requirements/rules on insurance may be viewed on our website.
8. The "Description of Operations" must describe the policy coverage. Any restriction(s) on the coverage must be listed. If the policy covers only a "Schedule of Rides", that schedule must be attached and include a serial number or unique identification number for each ride or attraction covered. The numbers must match the ride or attraction identification numbers indicated on your Amusement Ride Registration Invoice.
9. The effective dates and expiration dates of the policy must be indicated on the Certificate of Insurance.

**SELF-INSURED GOVERNMENTAL BODIES** (Proof of Self-Insurance to Be Submitted)

Our office must ensure a governmental body that is self-insured has at least \$1 million of liability insurance dedicated to the self-insurance plan. Therefore, we require written proof of funding.

If the governmental body's self-insurance is NOT as great as required, then the body shall also submit documentation of its excess coverage (see 56 Ill. Adm. Code Section 6000.85 (d)).

**IF YOU HAVE ANY QUESTIONS, YOU SHOULD CALL 217-782-9347 FOR CLARIFICATION.  
PLEASE DO NOT RETURN THIS PAGE WITH YOUR APPLICATION.**

## **NOTICE TO NON-DESTRUCTIVE TEST (NDT) COMPANIES AND RIDE OWNERS**

We are providing this list of Non-Destructive Test requirements for the State of Illinois to assist you. When you are submitting reports to our office, each ride must be on a separate form/page AND the Non-Destructive Test report must have ALL of the following information or they will be rejected.

1. The name of the amusement ride or attraction.
2. The name of the amusement company that the technician is performing the Non-Destructive Test for (please ensure the name of the company indicated is the same company name indicated on the application for permit to operate).
3. The manufacturer's name for the amusement ride or attraction.
4. The ride or attraction's serial number (technician's signature verifies serial number indicated on the form is the actual serial number of the ride being tested).
5. The date the Non-Destructive Test was performed.
6. A statement to identify each part of the ride in which the manufacturer or the Illinois Carnival and Amusement Ride Safety Board requires testing and that the test was performed in compliance with those requirements.
7. The manufacturer's bulletin number(s) which applies to the ride or attraction.
8. A statement indicating the results of the test(s) performed.
9. The name, address, telephone number of the testing firm.
10. A legible name (printed) and signature of the person who performed the Non-Destructive Test (NDT), and their level of certification by the American Society for Nondestructive Testing (ASNT). For more information on Non-Destructive Testing, please refer to Section 280 of 56 Ill. Adm. Code 6000. The NDT technician is required to be a Level II or Level III.
11. Contact information of firm or person performing the test.

To view a list of rides which require a Non-Destructive Test in Illinois please visit our Carnival and Amusement Ride webpage at [www.state.il.us/agency/idol](http://www.state.il.us/agency/idol).

### **OTHER:**

If a manufacturer has required an overhaul or mandatory replacement of any part of an amusement ride or attraction, the documentation is to be submitted with your application as proof that the requirement was completed. An invoice will suffice for documentation of replacement parts.

**NON-DESTRUCTIVE TEST CERTIFICATES WITH INCOMPLETE, BLANK, MARKED OUT, ILLEGIBLE OR WHITED OUT AREAS WILL NOT BE ACCEPTED.**

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