



Tennessee Department of Labor and Workforce Development
Workplace Regulations and Compliance Division

Amusement Device Unit
220 French Landing Drive - 2B
Nashville, TN 37243
(615) 741-1900

Application for Amusement Device Operating Permit

1. *Operating permits are issued to the company, one operating permit is required per each fixed location*
2. *Valid Certificate of Insurance (COI) must accompany these forms (minimum \$1,000,000 liability per occurrence)*
3. *All Devices listed must be inspected at least once annually*

Section 1: Administrative Information (* Completion required)

*Name of Amusement Device Company:		*Date of Application:	
*Primary Contact:			
Phone Number:	Cell Number:	Email Address:	
*Physical Address:		City:	
		State:	Zip Code:
*Mailing Address: <i>Same as physical address</i>		City:	
		State:	Zip Code:
Owner Name: <i>(If different than Company above)</i>		Address:	
		Contact Number:	Email Address:
*Select the type(s) of operation company will conduct:			
<input type="checkbox"/> Fixed Location – Operates only at physical address above (Must Complete sections 1 & 2)			
<input type="checkbox"/> Rental Device(s) (Transaction/Contract-Based) – Operates at sites other than the physical address above (Must Complete sections 1 & 2)			
<input type="checkbox"/> Traveling Company – Operates by traveling from site to site (Must Complete sections 1,2 & 3 - Itinerary)			
*Application Type:		Permit	Permit Number:
<input type="checkbox"/> New Permit – No previous permit has been issued		Renewals	Date of Expiration:
<input type="checkbox"/> Permit Renewal – Renewal of previously issued permit		Only	
* As the Owner, Operator or Manager, I hereby certify that the amusement devices/attractions listed on the Device/Attraction List (Section 2) have been inspected within the past 90 days by a certified inspector and written documentation has been submitted by the certifying inspector stating that the devices/attractions listed met the applicable ASTM and/or ACCT industry standards. I hereby understand that each device/attraction listed on the Device/Attraction List (Section 2) must be reinspected every 12 months for this permit to remain valid.			
Signature _____			
<small>Tenn. Code Ann. § 68-121-115 – (c) – any person who knowingly makes a false statement, representation, or certification in an application, record, report, or other document filed or required to be maintained under this chapter shall be guilty of a Class A misdemeanor.</small>			
<small>A Tennessee Class A misdemeanor carries the following maximum terms and fines: Not more than 11 months, 29 days in prison and up to \$2,500 fine.</small>			

CERTIFICATE OF LIABILITY INSURANCE MUST ACCOMPANY DOCUMENT SUBMISSIONS



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Section 2: Amusement Device/Attraction List

*Name of Amusement Device Company:		
*Address:	City:	
	State:	Zip Code:

	Amusement Device/Attraction Name	Type of Device (Zip Line, Canopy Tour, Inflatable, Carousel, Roller Coaster, etc.)	Manufacturer	Serial Number/Model Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
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17.				
18.				
19.				
20.				

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Section 3: Amusement Device/Attraction List

*Name of Amusement Device Company:		
*Address:	City:	
	State:	Zip Code:

	Amusement Device/Attraction Name	Type of Device <small>(Zip Line, Canopy Tour, Inflatable, Carousel, Roller Coaster, etc.)</small>	Manufacturer	Serial Number/Model Number
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				
31.				
32.				
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Section 4: Amusement Device/Attraction List

*Name of Amusement Device Company:		
*Address:	City:	
	State:	Zip Code:

	Amusement Device/Attraction Name	Type of Device (Zip Line, Canopy Tour, Inflatable, Carousel, Roller Coaster, etc.)	Manufacturer	Serial Number/Model Number
41.				
42.				
43.				
44.				
45.				
46.				
47.				
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51.				
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