

Amusement Ride Renewal Instructions in eSLA

Google Chrome is required to use eSLA.

Please have insurance liability waivers, affidavits, and non-destructive testing saved to your computer device before following the next steps!

Also, have payment options ready for completing the registration—inspection fees must be paid before registrations will be approved.

1. Go to the eSLA Customer Portal: <https://esla.wi.gov/PortalCommunityLogin>, login using the Existing eSLA Users login on the right hand side of the screen.

If you do not have a login for eSLA or need assistance accessing your account, please reach out to your area's [Safety Inspector](#).

2. Once you have logged into eSLA your permits will be listed on your dashboard. If you do not see "Your Permit" text, click the "Permit" tab indicated by the red arrow. You can start the renewal process by clicking the options menu to the right of the permit and then using "Renew".

If you do not see your rides on your dashboard, please reach out to your area's [Safety Inspector](#), who will connect you with those records.

Welcome to your eSLA Dashboard

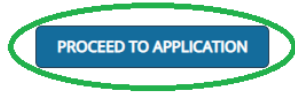
The screenshot shows the eSLA dashboard interface. At the top, there are two tabs: "Plan Review" and "Permit". A red arrow points to the "Permit" tab. Below the tabs are three buttons: "+ NEW APPLICATION", "+ MY ITINERARIES", and "MY HISTORY". A link below these buttons reads: "Are you trying to add a business or renew a cross connection control assembly? Click here to add a business or renew your assembly." Below this is the heading "Your Permit" with a green arrow pointing to it. A note says: "If you do not see this text, select the permit tab indicated by the red arrow above." Below that is another link: "View all Permits" with a green arrow pointing to it. A note says: "If you have more than 5 permits, click here to view all permits." Below the links is a "SORT BY" dropdown menu. The main content is a table with three rows of permit information. The first row is highlighted. The table has columns for a permit icon, project name, project type, status, and expiration date. The first row's "OPTIONS" button is circled in green, and its dropdown menu is open, showing "Renew", "Accident Report", and "Non-Existent Ride Request". The "Renew" option is also circled in green.

	PROJECT NAME	PROJECT TYPE	STATUS	EXP DATE	OPTIONS
	Amusement Ride PTO - GO KARTS	AMUSEMENT PARK	Expired	12/31/2020	OPTIONS ▾ Renew Accident Report Non-Existent Ride Request
	Amusement Ride PTO	PROJECT NAME	Expired	12/31/2020	
	Amusement Ride PTO	PROJECT NAME	Expired	12/31/2020	OPTIONS ▾

3. Click "Proceed To Application".

Renewal Application Instructions

SPS 334.04(1) and SPS 302.20 of the Wisconsin Administrative Code require that amusement rides be registered with the Department of Safety and Professional Services each calendar year



4. Make sure information is correct regarding the ride/ PTO. For mailing and public address, click the check mark box and then click the yellow "Save as public/ mailing" button. If you encounter an error, follow the instructions in the image to add an address. Once both addresses have been saved successfully, click "Save and Continue" at the bottom of the page.



Personal Information

Provide the necessary information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.

You will only be able to edit your email and phone number. Please contact your amusement ride inspector to make other changes to this information.

Ride Class	<input type="text" value="Class 1"/>
Ride Name	<input type="text" value="ROLLER COASTER"/>
Ride Type	<input type="text" value="Fixed"/>
Manufacturer Name	<input type="text" value="ALLEN HERSCHELL"/>
First Name	<input type="text" value="Andrew"/>
LastName	<input type="text" value="Tester"/>
Email Address	<input type="text" value="andrew.test@wisconsin.gov"/>
Phone Number	<input type="text" value="(608) 608-6080"/>
SSN	<input type="text"/>

Both the mailing and public address will need to be saved successfully to complete the renewal. If you receive an error, see instructions for adding an address below.

Mailing Address

Select a mailing address by clicking the appropriate checkbox to the right (this is the address used for all postal communications from the Department). To add a new address, click Add Address, complete the required fields, and click Save.

ADDRESS SAVED SUCCESSFULLY

USE DIFFERENT ADDRESS

700 E Main St
Brodhead WI 53520
Dane
United States

Add A New Address

1. Remove all addresses by clicking on the trash can icons seen circled in red. Follow prompts to confirm the address deletion.
2. Click on Add Address button circled in purple.
3. Make sure to check the "Use this address as Public/Mailing" when adding the new address. Click save when finished.
4. For address validation, choose the validated address by clicking on the street address. If the validated address is incorrect, use the address as entered.

Public Address

Select a public address by clicking the appropriate checkbox to the right (this is the address that will be viewable by the public). To add a new address, click Add Address, complete the required fields, and click Save.



Public

Address

700 E Main St
Brodhead WI 53520
Dane
United States



+ ADD ADDRESS

Street Address	City	State	Code	County	Validated
2737 State Road 78	Mount Horeb	WI	53572	Dane	✓
2737 State Highway 78	Mt. Horeb	WI	53572	Dane	

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

5. Answer each question related to open orders and NDT testing. If orders or NDT is required, an area to upload each will be displayed on the next page. Click "Save And Continue" at the bottom of the page.

Business Information

Questions

Attachments

Review + Submit

Questions

Answer the following questions by selecting the appropriate answer for each question. Once completed, click Save and Continue.

Do you have open orders from previous year?

Yes No

Did your ride require Non-Destructive Testing since your last renewal?

Yes No

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

6. Complete attachments that are needed, your screen will look like one of the images seen below depending on how the questions were answered.

Click "Save And Continue" after all required attachments have been added successfully.

No Open Orders or NDT

Business Information Questions Attachments Review + Submit

Attachment

If applicable, upload the attachments for your application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The file must be no more than 25 MB in size. For documentation that needs to be submitted directly or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Certificate of Liability Insurance

Please attach the Certificate of Liability Insurance.

ADD ATTACHMENT

SAVE & FINISH LATER SAVE AND CONTINUE DOWNLOAD APPLICATION

Open Orders and NDT

Business Information Questions Attachments Review + Submit

Attachment

If applicable, upload the attachments for your application by clicking the Add Attachment button(s). If uploading an attachment as a submission, it is necessary that the name of the file attachment is less than 80 characters in length for it to be received successfully. The character limit does include the file attachment extension, such as (.doc) and (.pdf). The file must be no more than 25 MB in size. For documentation that needs to be submitted directly or by hardcopy, please acknowledge by clicking the Attest button(s). If no attachment or attestation items appear, please click the Save and Continue button.

Affidavit of Compliance

Please attach the Affidavit of Compliance for open orders of previous year.

Affidavit of Compliance

ADD ATTACHMENT

Non-destructive Test Report

Please attach the non-destructive test report of all class 1 and class 2 amusement rides. It shall be performed every 3 years or 3,000 hours of operation, whichever comes first, or at testing intervals required by the manufacturer. The time interval shall be based upon the date of the previous test report.

ADD ATTACHMENT

Certificate of Liability Insurance

Please attach the Certificate of Liability Insurance.

ADD ATTACHMENT

SAVE & FINISH LATER SAVE AND CONTINUE DOWNLOAD APPLICATION

7. If all steps have been completed, the review area seen below will have a check mark and indicated that the review has been completed. If there are any errors, they will be listed in this area. You will need to consent to the electronic signature by selecting the accept check box. Type your name as it appears on your account in the text box and then click "Submit".



Application Review Attestation

✔ Completed  This indicates there are no errors on the application.

- Plan submittal for amusement rides shall include all of the following:
- 1) Completed plan approval application form and appropriate review fees
 - 2) At least three complete sets of plans or one complete set of plans and two index sheets submitted for review and approval
 - 3) Plans shall contain all of the following:
 - Name of owner,
 - Address of amusement ride,
 - Name, seal and signature of Wisconsin professional engineer or the name of the person who prepared the plans on the title sheet,
 - Plot plan showing location of amusement ride with respect to property lines, adjoining streets, alleys, electrical transmission lines and other hazards, and any other buildings or structures on the site,
 - Floor plans or layout of each floor of the ride if applicable and floor plans of building if ride is located within a structure,
 - Elevation views containing information of exterior appearance of amusement ride,
 - Sections and details clarifying the ride design,
 - Structural data including structural calculations, soil bearing capacities, live loads and itemized dead loads, unit stresses for structural materials,
 - Structural plans including footing and foundation plans, anchor bolt layouts, connection details, framing plans, etc.,
 - Plans indicating access to, egress from, and passageways through amusement ride as applicable, and
 - Other applicable requirements within SPS 334.

Consent to Electronic Signature

accept

Type your First Name and Last Name as they appear on the application to sign electronically

Type your name here as it appears on your account.

(Andrew Tester)

Submit your Application



After clicking the 'Submit' button below, you will no longer be able to change this application. **PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.** If you want to return to your application, simply log out and log back in.

If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.

SAVE & FINISH LATER

SUBMIT

8. If you have multiple rides/PTOs to renew, click back to your dashboard and start the process for the next ride/PTO. Once you are ready to pay for your renewals, indicate that you want to pay for "Permits" by choosing it in the "Pay For" drop-down. Select all or the fees you would like to pay and click continue.

 DASHBOARD INSPECTOR LOOK-UP PUBLIC LOOK-UP  1 TES

Andrew Tester's Cart

If you have more renewals, return to the dashboard and repeat these steps.

PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA.
To continue paying, select the fees you wish to pay and then press the continue button.

ITEMS » CHECKOUT » CONFIRMATION

Pay For:
 ← Choose the option of "Permits"

Select the fees that you would like to pay for, then click continue.

- Select All
- Permit Fee for AR-022000007-PTOAR

Type	Amount	Credential/Permit Type	Credential/Permit Number	Fee Creation Date	Due Date	Tag Number
Amusement Ride Renewal	\$55.00	Amusement Ride PTO	AR-022000007-PTOAR	3/23/2021	3/23/2021	

Total Amount Outstanding : \$55.00

Total Due: \$55.00

Entering Amusement Ride Itineraries

Complete registration of amusement rides includes submittal of route including specific sites and dates on which the amusement ride will be operated in the state. If the route is incomplete or modified, the department shall be notified prior to operation on the adjusted route.

How To Complete Your Itinerary

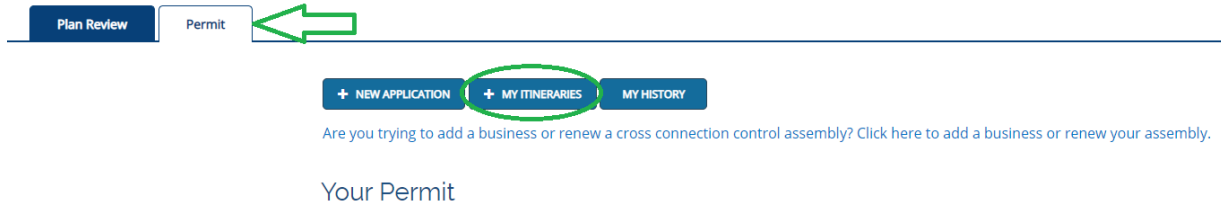
Traveling Operators: One itinerary for each location/event of operation

Permanent Park Operators: One itinerary for the operating season

Rental Operators (bounce/coin-op): One itinerary for the rental season

Hybrid Operators (rental/traveling): One itinerary for the rental season and an itinerary is required for each staffed location/event.

1. From the "Permit" tab Click *My Itineraries*



2. Select your business from the drop down and fill out all information required.

My Submitted Itineraries

Amusement Ride Itineraries

Search:

Location Name	Street Address	City	Zip	Ride Count	Start Date	End Date	Setup Date
Test event	1919 Alliant Energy Center Way, Madison, WI 53713	Madison		10	5/1/2022		

Showing 1 to 10 of 12 entries

1 2 Next

Add New Amusement Ride Itinerary

Complete registration of amusement rides includes submittal of route including specific sites and dates on which the amusement ride will be operated in the state. If the route is incomplete or modified, the department shall be notified prior to operation on the adjusted route.

Please select a Business Name

--None--
--None--
123 Amusement Rides

Event/Location Information

* Setup Date * Start Date * End Date

* Event/Location Name

* Number of Rides * Location/Event Address

* Location/Event City * Location/Event County

CANCEL ADD

Sample Certificate of Insurance (COI):



OSHKOSH-01

DANDOB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 100197661 Your Insurance Agency, Inc. Street Address City, State, Zip Code	CONTACT NAME: Alice Insurance PHONE (A/C, No, Ext): (920) ###-#### FAX (A/C, No): (920) ###-#### E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Insurance Mutual Ins Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED BUSINESS NAME ADDRESS CITY, STATE ZIP CODE	NAIC #

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		#####	1/1/2020	1/1/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ Employee Benef. \$ 5,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:					Each Occurrence \$ Aggregate \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Regarding the following amusement rides:

Marigold Roto-whip mrw-1 Marigold Roto-whip mrw-1, Miniature Train G-16, Spider-Man Jump SMJ-02
 Miniature Train G-16 OR
 Spider-Man Jump SMJ-02 Too many rides to list here? A list of rides, with serial numbers, can be attached, but must come from the insurer.

CERTIFICATE HOLDER Dept of Safety and Professional Services Amusement Ride 4822 Madison Yards Way Madison, WI 53705	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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