

New Amusement Ride Registration Instructions in eSLA

Google Chrome is required to use eSLA.

Please have insurance liability waivers, 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.

If this ride has previously been registered in Wisconsin or are unsure of previous Wisconsin registration, please contact a Safety Inspector with the serial number. If the ride has been registered in the past, we can move it to your account.

1. Go to the eSLA Customer Portal: <https://esla.wi.gov/PortalCommunityLogin>, login using the Existing eSLA User's 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 select the “ + New Application” button seen circled below. If you have multiple tabs on your dashboard, ensure that you are on the “Permit” tab as indicated by the red arrow below.



Welcome to your eSLA Dashboard



Please click on the "My History" button to view previously submitted payments, permits, credentials and service requests such as revisions, components and compliance statements.

Are you trying to add a business or renew a cross connection control assembly? [Click here to add a business or renew your assembly.](#)

Your Permit

To renew, edit, or update your Permit, please click on the Options button. Applications for a Permit are also shown on the bottom of the dashboard page.

[View and Search All Permits](#)

SORT BY ▾					
	Amusement Ride PTO - Tilt-A-Whirl AR-01c 35-PTOAR	PROJECT NAME	STATUS Expired	EXP DATE 12/31/2021	OPTIONS ▾

3. Complete the drop downs as seen below, then click “Save and Continue”.

The screenshot shows the 'Application Selection' form in the eSLA system. The navigation bar at the top includes 'eSLA', 'SUPPORT PAGE', 'DASHBOARD', 'MINE SAFETY TRAINING', 'INSPECTOR LOOK-UP', 'PUBLIC LOOK-UP', a shopping cart icon with '0', and 'TESTER, DSPTS'. The form contains several dropdown menus: 'Select Area' (Permits), 'Select Program Area' (Amusement Rides PTO), 'Select Permit Type/Plan Review' (Amusement Ride PTO), and 'Select Application Type' (Permit to Operate). A 'Please select an Account' dropdown is set to 'AR Test Account', with a red arrow pointing to it and the text 'Select your account'. Below the dropdowns is a note about Wisconsin Administrative Code requirements. At the bottom are 'CANCEL' and 'SAVE AND CONTINUE' buttons.

4. Ensure that the personal information email address and phone number is correct.

The screenshot shows the 'New Application' page for 'Amusement Ride PTO DIS-032200085'. The navigation bar is identical to the previous screenshot. A progress bar at the top shows five steps: 'Business Information' (highlighted in yellow), 'Project and Site', 'Questions', 'Attachments', and 'Review + Submit'. The 'Personal Information' section includes instructions: 'Provide the necessary information in the fields to the right. All fields with (*) are required and must be completed to continue the application process.' The form fields are: 'First Name' (DSPTS), 'MiddleName', 'LastName' (Tester), 'Email Address' (andrew.amacher@wisconsin.gov), and 'Phone Number' ((608) 438-8061).

Next a Mailing and Public address needs to be listed on the application. If the correct address is already displayed, click the check box to the left of the address. Use the “+ Add Address” button to add any new addresses needed and the garbage can icon to remove any address. If you encounter any errors with the address, please remove all address and add a new address. Once both addresses are complete, click “Save and Continue” at the bottom of the page.

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. Under the affiliation information click on the "Add Individual" button.



New Application

Amusement Ride PTO DIS-032200085

Business Information

Project and Site

Questions

Attachments

Review + Submit

Affiliation Information

Add the Owner, Installer or Designer information necessary to complete this application.

ADD INDIVIDUAL

Project and Site Information

Add the necessary Project and Site information necessary to complete this application.

ADD SITE

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

6. If you have submitted a prior new amusement ride, you can search by your email. If not click on the “Create an Affiliation without searching by email check box. Once

Affiliation Information

Add the Owner, Installer or Designer information necessary to complete this application.

Create an Affiliation without searching by email

OR

Search by Email

CANCEL

Project and Site Information

Add the necessary Project and Site information necessary to complete this application.

ADD SITE

7. Once Entered Click “Save”.

Affiliation Information

Add the Owner, Installer or Designer information necessary to complete this application.

Type of Affiliation
* Owner

First Name * Last Name *
* DSPS * Tester

Company

Email * Phone *
* dspstester@invalid.com * 608-111-1111

Street Address * City *
* 4822 Madison Yards Way * Madison



State/Canadian Province * ZipCode *
* Wisconsin * 53705

CANCEL **SAVE**

8. Next, a site needs to be added under the Project and Site Information.

Affiliation Information

Add the Owner, Installer or Designer information necessary to complete this application.

DSPS Tester  

Status : Active
Type : Owner
Company :
Phone : 608-111-1111
Address : 4822 Madison Yards Way
Madison Wisconsin 53705

ADD INDIVIDUAL

Project and Site Information

Add the necessary Project and Site information necessary to complete this application.

ADD SITE

9. If this amusement ride submittal is for a portable ride, please search for project of "Portable Ride". Since the ride is portable, there is no physical site address. If this ride is at a fixed location enter the address for the project and site information as requested and then click save. Click on the "Save and Continue" button when finished.

Project and Site Information

Add the necessary Project and Site information necessary to complete this application.

Project/Site Name
* Portable Ride

Location, Number and Street of Project
* Portable Ride

Location City
* Madison

Location Zip Code
* 53705

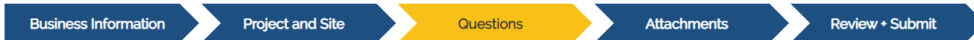
Legal Description

County
* Dane

Municipality Type
* City

Municipality Name
* Madison

10. Answer the questions as required. When complete click the "Save and Continue" button.



Questions

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

What is the name of the manufacturer?

What is the ride name?

What is the ride class?

The ride location type is?

Is the ride original or modified?

Ride Serial #

Do you have open orders from previous year?

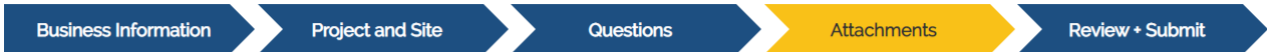
Does your ride require non-destructive testing?
 Yes No

Does my company require a PO?
 Yes No

IMPORTANT: Always click Save and Continue. If you use the browser's back button, your information will not be saved.

11. 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.



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.

SAMPLE_WI-DSPS_COI.pdf 

ADD ATTACHMENT

SAVE & FINISH LATER

SAVE AND CONTINUE

DOWNLOAD APPLICATION

IMPORTANT: Always click Save and Continue. If you use the browser’s back button, your information will not be saved.

12. 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

13. 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.

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:
Permit

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

CONTINUE 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

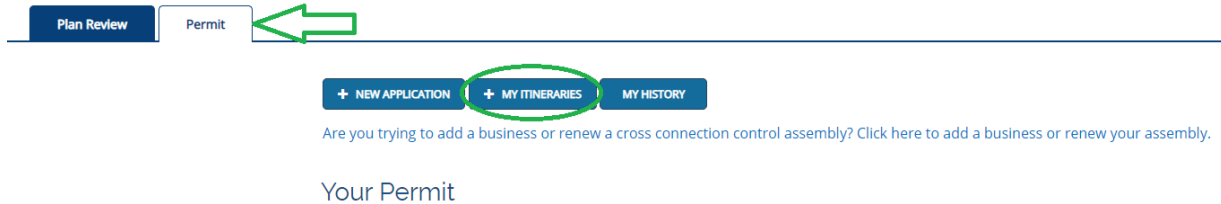
Traveling Operators: One itinerary for each location/event of operation

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

--None--

CANCEL ADD

Sample Certificate of Insurance (COI):



OSHKOSH-01

DANDOBR

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		NAIC #
INSURER A : Insurance Mutual Ins Company		
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

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 INSD	SUBR 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 <input type="checkbox"/> 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
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	EXCESS LIAB						AGGREGATE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

Policy dates current at time of registration.

Minimum coverage of 1,000,000 each occurrence.

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 <i>Sherril Ruoch-Regenwether</i>
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