### New Amusement Ride Registration Instructions in eSLA

Google Chrome is <u>required</u> 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.

- Go to the eSLA Customer Portal: <u>https://esla.wi.gov/PortalCommunityLogin</u>, 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 <u>Safety Inspector</u>.
- 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.

Yes	SLA SUPPORT PAGE	DASHBOARD	MINE SAFETY TRAINING	INSPECTOR LOOK-UP	PUBLIC LOOK-UP	∎1 TESTER, DSPS ∽
V	Velcome to you	r eSLA	Dashboa	ard		
	Credentials Plan Review	Permit				
C	+ NEW APPLICATION • MY ITINERARIE	S MY HISTORY				
	Please click on the "My History" butto as revisions, components and complia		ly submitted payments	s, permits, credentia	als and service requ	uests such
	Are you trying to add a business or re assembly.	new a cross conne	ection control assembly	y? Click here to add	a business or rene	w your
	Your Permit					
	To renew, edit, or update your Permit, plea: page. View and Search All Permits	se click on the Optior	ns button. Applications for	r a Permit are also sho	wn on the bottom of t	the dashboard
	SORT BY -					
	Amusement Ride PTO - Tilt: AR-01( 35-PTOAR	-A-Whirl	OJECT ME		XP DATE OF	PTIONS V

#### 3. Complete the drop downs as seen below, then click "Save and Continue".

Select Area
Permits 🗸
Select Program Area
Amusement Rides PTO 🗸
Select Permit Type/Plan Review
Amusement Ride PTO 🗸
Select Application Type
Permit to Operate 🗸
Please select an Account (Create new account)
AR Test Account
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. Ensure that the personal information email address and phone number is correct.

<b>TeSLA</b> SUPPORT PAGE	DASHBOARD	MINE SAFETY TRAINING	INSPECTOR LOOK-UP	PUBLIC LOOK-UP	<b>₩</b> 0	TESTER, DSPS 🗸
Mew Application						
Business Information Project and Site	Questions	Attachme	ents Re	eview + Submit		
Personal	First Name					
Information	DSPS					
Provide the necessary information in the fields to the						
right. All fields with (*) are	MiddleName					
required and must be completed to continue the application process.	LastName					
application process.	Tester					
	Email Address					
	andrew.amacher@wisconsin.	gov				
	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 lcon 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.



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

<b>T</b> eSLA	SUPPORT PAGE	DASHBOARD	MINE SAFETY TRAINING	INSPECTOR LOOK-UP	PUBLIC LOOK-UP	₩0	tester, dsps 🗸
Ľ	New Application Amusement Ride PTO DIS-032200085						
	Business Information Project and Site	Questions	Attachm	ents Re	view + Submit		
	Affiliation	JAL					
	Add the Owner, Installer or Designer information necessary to complete this application.						
	Project and Site						
	Add the necessary Project and Site information necessary to complete this application.						
	SAVE & FINISH	I LATER SAVE A		WNLOAD 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	Or OR Search by Email
Add the Owner, Installer or Designer information necessary to complete this	
application.	CANCEL
Project and Site Information	ADD SITE
Add the necessary Project and Site information necessary to	

7. Once Entered Click "Save".

complete this application.

Affiliation Information	*	Type of Affiliation			
Add the Owner, Installer or Designer information necessary to complete this	*	First Name DSPS	*	Last Nam Tester	e
application.		Company			
	*	Email	*	Phone	
		dspstester@invalid.com Street Address		608-111-1	City
	*	4822 Madison Yards Way		*	Madison
	*	State/Canadian Province Wisconsin		*	ZipCode 53705
	ĺ	CANCEL SAV	/E		

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



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	Project/Site Name
Information	* Portable Ride
Add the necessary Project and Site information necessary to complete this application.	Location, Number and Street of Project * Portable Ride
	Location City Location Zip Code
	* Madison * 53705
	Legal Description
	County
	Municipality Type Municipality Name
	City V Madison
	CANCEL SAVE

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

Questions	What is the name of the manufacturer?
Answer the following questions by selecting the appropriate answer for each question. Once completed, click Save and	What is the ride name?
Continue.	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?
	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.

Attachments 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	usiness Information Project and
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		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

**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".

Business Information	Questions Attachments Review + Submit
Application Review	Completed This indicates there are no errors on the application.
Attestation	<ul> <li>Plan submittal for amusement rides shall include all of the following:</li> <li>1) Completed plan approval application form and appropriate review fees</li> <li>2) At least three complete sets of plans or one complete set of plans and two index sheets submitted for review and approval</li> <li>3) Plans shall contain all of the following: <ul> <li>Name of owner,</li> <li>Address of amusement ride,</li> <li>Name, seal and signature of Wisconsin professional engineer or the name of the person who prepared the plans on the title</li> </ul> </li> </ul>
	<ul> <li>Plot plan showing location of amusement ride with respect to property lines, adjoining streets, alleys, electrical transmission</li> <li>lines and other hazards, and any other buildings or structures on the site,</li> <li>Floor plans or layout of each floor of the ride if applicable and floor plans of building if ride is located within a structure,</li> <li>Elevation views containing information of exterior appearance of amusement ride,</li> <li>Sections and details clarifying the ride design,</li> <li>Structural data including structural calculations, soil bearing capacities, live loads and itemized dead loads, unit stresses for structural materials.</li> </ul>
	<ul> <li>Structural plans including footing and foundation plans, anchor bolt layouts, connection details, framing plans, etc.,</li> <li>Plans indicating access to, egress from. and passageways through amusement ride as applicable, and</li> <li>Other applicable requirements within SPS 334.</li> </ul>
	Consent to Electronic Signature
	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.

<b>T</b> eSLA				DASHBO	ARD INSPECTOR LOOK-U	P PUBLIC LOOK-UP	📜 те				
And	Irew Tester's	; Cart	lf you h	ave more renewals, return	to the dashboard a	and repeat thes	e steps.				
	PLEASE DO NOT USE THE BROWSER' To continue paying, select the fees y TEMS >> CHECKOUT >> CONFIRM	ou wish to pay									
	Pay For: Permit			➤ Choose t	he option of "Perm	its"					
Select the fees that	Select All Permit Fee for AR-022000007-PTOAR										
you would	Туре	Amount	Credential/Permit Type	Credential/Permit Number	Fee Creation Date	Due Date Ta	g Number				
like to pay for, then	Amusement Ride Renewal	\$55.00	Amusement Ride PTO	AR-022000007-PTOAR	3/23/2021	3/23/2021					
click continue.	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

Plan Review	Permit	
		+ NEW APPLICATION + MY ITINERARIES ) MY HISTORY
		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

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

### My Submitted Itineraries

Amusement Ride Itine	nusement Ride Itineraries								
Location Name Street Address		City Zip	Ride Count	Start Date	End Date	Setup Date			
Test event 1919 Alliant Energy Ce	enter Way, Madison, WI 53713	Madison	10	5/1/2022					
Showing 1 to 10 of 12 entries					1	2 Next			
Add New Amusement Ride Linerary 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.	* Event/Location Name	rt Date	County						

# Sample Certificate of Insurance (COI):

	ACORD	ERT					SHKOSH-01		
INFORMATION IF the certificate holder is an ADDITONAL NURED, the policy(le) must have ADDITONAL INSURED to the form and conditions of the policy, certificate inpolicies may require an endorsement (a).         IF SUBROATION IS WAVED BADGET TO THE INSURANCE AND IS WAVED AND IS WAVED BADGET TO THE INSURANCE AND IS WAVED AND	THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN	MATT	TER OF INFORMATION ON OR NEGATIVELY AMEND, ICE DOES NOT CONSTITU	ILY AN	D CONFERS	NO RIGHTS	UPON THE CERTIFICA	ATE HOLD	ER. THIS
four insurance Agency, Inc.     Image: Content of the c	IMPORTANT: If the certificate holde If SUBROGATION IS WAIVED, subje this certificate does not confer rights t	risan/ ct to th	ADDITIONAL INSURED, the he terms and conditions of	the po	licy, certain	oolicies may			
State, 21p Code     Insurance Mutual Ins Company       NSURED     BUSINESS NAME ADDRESS CITY, STATE ZIP CODE     Insurance Mutual Ins Company       NSURED     Insurance Mutual Ins Company       NSURED     CITY, STATE ZIP CODE       Insurance Mutual Ins Company     Insurance Mutual Ins Company       Insurance Mutual Ins Company     Insurance Insurance       Insurance Insurance Mutual Ins Company     Insurance Insurance       Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance     Insurance Insurance       Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance     Insurance Insurance       Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance     Insurance Insurance       Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insurance     Insurance Insurance       Insurance Insurance Insurance Insurance Insurance Insurance Insurance Insuranc	PRODUCER License # 100197661			CONTA NAME:	CT Alice Ins				
Sity, Statis, Zip Code     Additional Additional Company     Insure Rel Ansure Rel Ans	Your Insurance Agency, Inc.			PHONE (A/C, N	o, Ext): (920) #	##-####	FAX (A/C, No	): <b>(920)</b> ##	#-####
INSURED  INSURE C.  INSUR				E-MAIL ADDRE	SS:				
BUSINESS NAME ADDRESS CITY, STATE ZIP CODE     INJURE 0: INJURE 0: INJ					INS	URER(S) AFFOR	RDING COVERAGE		NAIC #
BUSINESS NAME ADDRESS CITY, STATE ZIP CODE       INSURACE 0 INSURER 0: INSURER 0: INSURE 0:				INSURE	<sub>ER A :</sub> Insuran	ce Mutual Ir	ns Company		
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INFEG ONLY       NONOSONED       Image: Construct of the second s			1,000,000	each	occurren	ce.	BODILY INJURY (Per person)	\$	
Image: Construction of the second state of the second state of the second state of the second state of the second state of second s								t) \$	
UMBRELLA LIAB       OCCUR       EXCESS LAB       OCLAIMS-MADE         DED       RETENTION S       AGGREGATE       S         WORKERS COMPENSATION       S       EACH OCCURRENCE       S         MORE ENCLOPED RETENTION S       N/A       EACH OCCURRENCE       S         MORE ENCLOPED RETENTION S       Y/N       N/A       EL CACH ACCIDENT       S         MORE ENCLOPED COMPENSATION       N/A       EL DISEASE - EA EMPLOYEE S       EL DISEASE - EA EMPLOYEE S       EL DISEASE - EA EMPLOYEE S         ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         Begarding the following amusement rides:       Marigold Roto-whip mrw-1         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.         EETIFICATE HOLDER       CANCELLATION         Dept of Safety and Professional Services       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERE ACCORDANCE WITH THE POLICY PROVISIONS.         AUTHORIZ	AUTOS ONLY AUTOS ONLY						(Per accident)	\$	
EXCESS LIAB       CLAIMS-MADE         DED       RETENTION \$         WORKERS COMPENSATION AND EMPCOPERS' LIABLITY AND PROPRETOR PARTINER/EXECUTIVE       Y/N AND EMPCOPERS' LIABLITY AND		$\vdash$						\$	
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WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRETORMARTMERCECUTIVE OFFICERMEMERE RECOLUDED? (Mandatory in MH) If yes, describe under DESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Image: Compension of the space is required)         ESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Image: Compension of the space is required)         ESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Image: Compension of the space is required)         ESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Image: Compension of the space is required)         ESCRIPTION OF OPERATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)       Image: Compension of the space is required)         Image: Compension of the following amusement rides:       Marigold Roto-whip mrw-1       Marigold Roto-whip mrw-1, Miniature Train G-16, Spider-Man Jump SMJ-0         Miniature Train G-16       OR       Too many rides to list here? A list of rides, with serial numbers, can be attached, but must come from the insurer.         EERTIFICATE HOLDER       CANCELLATION         Dept of Safety and Professional Services       Should ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERE ACORDANCE WITH THE POLICY PROVISIONS.         4822 Madiison Yul 53705       Authorized REPRESENTATIVE	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
AND ENFORCEMENTATIVE       Y/N       N/A         ANY PROPERTORPARTINEREXECUTIVE       N/A         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         garding the following amusement rides:         Marigold Roto-whip mrw-1         Marigold Roto-whip mrw-1         Marigold Roto-whip mrw-1         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.         EERTIFICATE HOLDER         Dept of Safety and Professional Services Amusement Ride         Amusement Ride         4822 Madison Yards Way         Madison Wit 53705		$\vdash$						\$	
ANY PROPRIETOR/PARTNER/SECUTIVE       N/A         OFFICER/MEMERE EXCLUDED?       N/A         If yes, describe under       EL. DISEASE - EA EMPLOYEE \$         DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         egarding the following amusement rides:         Marigold Roto-whip mrw-1         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       CANCELLATION         Dept of Safety and Professional Services Amusement Ride 4822 Madison Yards Way Madison Yards Way       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI         Marigon WI 53705       Authorized Representative	AND EMPLOYERS' LIABILITY						STATUTE ER		
Image:	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
DESCRIPTION OF OPERATIONS below       EL DISEASE - POLICY LIMIT \$         ESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)         agarding the following amusement rides:         Marigold Roto-whip mrw-1         Miniature Train G-16         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.         EERTIFICATE HOLDER         Dept of Safety and Professional Services Amusement Ride 4822 Madison Yards Way Madison WI 53705         Marigon WI 53705	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYE	E\$	
egarding the following amusement rides:       Marigold Roto-whip mrw-1       Marigold Roto-whip mrw-1, Miniature Train G-16, Spider-Man Jump SMJ-0         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.         EERTIFICATE HOLDER       CANCELLATION         Dept of Safety and Professional Services       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BET THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERE ACCORDANCE WITH THE POLICY PROVISIONS.         4822 Madison Yards Way       Mulf S3705	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMI	г \$	
Agarding the following amusement rides:       Marigold Roto-whip mrw-1       Marigold Roto-whip mrw-1, Miniature Train G-16, Spider-Man Jump SMJ-0         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.         ERTIFICATE HOLDER       CANCELLATION         Dept of Safety and Professional Services Amusement Ride 4822 Madison Yards Way Madison WI 53705       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.									
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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       CANCELLATION         Dept of Safety and Professional Services       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERE ACCORDANCE WITH THE POLICY PROVISIONS.         4822 Madison Yards Way       Authorized REPRESENTATIVE	egarding the following amusement rides:								
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       CANCELLATION         Dept of Safety and Professional Services       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERE ACCORDANCE WITH THE POLICY PROVISIONS.         4822 Madison Yards Way       Authorized REPRESENTATIVE	Marigold Roto-whip mrw-1		Marigold Roto-whi	n mrv	v-1. Miniat	ure Train	G-16, Spider-Man	Jump SI	M.J-02
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.         EERTIFICATE HOLDER       CANCELLATION         Dept of Safety and Professional Services       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BER THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED ACCORDANCE WITH THE POLICY PROVISIONS.         4822 Madison Yards Way       Authorized Representative		00			.,				
Cancellation         Cancellation         Dept of Safety and Professional Services         Amusement Ride         4822 Madison Yards Way         Madison WI 53705	Winiature Train G-16	UR	Too many rides to	liet h	oro? A list	of ridge	with sorial number	re can h	
CANCELLATION         Dept of Safety and Professional Services       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI         Amusement Ride       SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEI         4822 Madison Yards Way       Authorized Representative	Spider-Man Jump SMJ-02						with Serial Humber	s, can s	
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Sherri Rusch-Regenwether				Un	erri Musi	en-Regent			
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