



INDUSTRY SERVICES DIVISION
Field Services
P. O. Box 7302
Madison, Wisconsin 53707-7302
TTY: Contact Through Relay

February 2020

To: Amusement Ride Owners

Re: Registration of Amusement Rides for 2020

The State of Wisconsin requires all amusement rides be registered with the Department of Safety & Professional Services annually. All rides must be registered before being opened to the public.

Industry Services Division form SBD-7620A Amusement Ride Registration must be used to register your rides. Registrations will not be processed until fees and **complete** registration information (**including serial numbers**) is provided. Once all information has been received then registration stickers will be issued. A ride is not registered until the registration sticker is attached to the ride. All registrations expire on December 31, and registration fees are not refundable. Allow 15 business days for processing (allowed under SPS 334.04(7)(a)).

Amusement rides will not be registered for any of the following reasons:

- Uncorrected safety-related orders;
- Outstanding inspection fees;
- Modifications, repairs, or maintenance that are not in accordance with safe practice;
- Failure to provide non-destructive testing information when required (at operating site).

Remember: Amusement Ride Owners need to submit an insurance certificate proving their operation is insured to meet the requirements of SPS 334.035 which includes a minimum insurance coverage of \$1,000,000 per occurrence for class 1 and 2 rides and \$500,000 coverage for non-mechanical and coin-operated rides. Failure to maintain liability insurance will result in the department issuing a cease and desist operation order for any ride not insured. Registration will also be revoked.

The Department may revoke a registration for any false statements or misrepresentations of facts on which the registration was based as specified in section SPS 334.04. DSPS codes relating to amusement rides may be viewed and downloaded at:

https://docs.legis.wisconsin.gov/code/admin_code/sps/safety_and_buildings_and_environment/326_360/334

As in prior years, the Department requires that registration applications include a letter from the owner stating that violations identified by written orders have been corrected. Fees for non-compliance with past orders will be assessed should prior year's discrepancies not be repaired by the start of your 2019 inspection. Your registration(s) may be revoked depending on severity of the past violation(s). If you have questions about the content of the orders received, contact the inspector listed on the orders.

Thank you for assisting us in our ride safety efforts. If you have any questions, feel free to contact me at 608-266-3723. Registration questions may be addressed to Inspection Support at 608-266-2112 (press option #4 then option #7 for administrative support).

Sincerely,

Dennis Beggs

Supervisor, Safety & Fire Prevention

Encl: SBD-5292 – Amusement Ride Registration
SBD-7620 – Route Schedule for Amusement Rides
SBD-7620A – Amusement Ride Registration List
SBD-5524-E – Checklist

SBD-10867 – Affidavit of Compliance with Orders
SBD-10866 – List of Rides Requiring
Non-Destructive Testing



① Amusement Ride Owner Checklist

INDUSTRY SERVICES DIVISION
Amusement Rides
PO Box 7302
Madison, Wisconsin 53707-7302
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Please make sure you have included everything we need when you return this packet. We need to have each and every item that is listed below, if required, before we return your completed registration.

- ① Amusement Ride Owner Checklist (SBD-5524-E)
- ② Amusement ride registration 2020 (SBD-5292)
- ③ Amusement Ride List (SBD-7620a)
- ④ Route Schedule for Amusement Rides (SBD-7620)
- Certificate of Liability Insurance: **Including** list of all rides being registered with serial numbers, and show DPS as Certificate Holder
- REGISTRATION FEES ATTACHED, INCLUDING Any Outstanding Inspection Fees**

Required ONLY if Testing was Performed or Orders Imposed:

- ⑤ 2020 Listing of Amusement Rides Requiring Non-Destructive Testing (SBD-10866)
- ⑥ Affidavit of Compliance with Amusement Ride Orders (SBD-10867)

An incomplete registration packet will delay your registration.
Safety inspectors are notified of all registrations.

SEND COMPLETED REGISTRATION PACKET, INCLUDING THIS SHEET TO:

Mailing Address:

DSPS
DIS / Amusement Rides
P.O. BOX 7302
Madison, WI 53707-7302

Shipping Address:

DSPS
DIS / Amusement Rides
4822 Madison Yards Way
Madison, WI 53705

Thank you for assisting us in our ride safety efforts.

If you have any questions, feel free to contact us.

Department of Safety and Professional Services

DspsSBInspectionSupport@wi.gov
608-266-2112



③ Amusement Ride Registration 2020

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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.

Please complete all information requested below. (Make any corrections in red ink.)

For overnight mail use: Division of Industry Services, 4822 Madison Yards Way, Madison, WI 53705

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (2)(m)]

Ride Operation Business Name		Owner Name (if different from business name)	
Business Street Address		Owner Street Address	
City, State, Zip Code		City, State, Zip Code	
Email Address (Required)	Business Telephone Number	Owner Telephone Number	

Social Security or Federal Employer Identification number: _____ (required)

The Following Must Be Submitted To Process the Registration:

- ① Certificate of Liability Insurance that lists all rides being registered along with serial numbers
- ② Registration Fee (SBD-5292 – see ② below)
- ③ Amusement Ride Registration Listing (SBD-7620A)
- ④ Route Schedule for Amusement Rides (SBD-7620)
- ⑤ Amusement Ride Registration Listing of Ride(s) Requiring Non-Destructive Testing (SBD-10866 – if required)
- ⑥ Affidavit of Compliance with Amusement Ride Orders (SBD-10867)

② Registration Fee* Calculation (See Fee Schedule on page 2.)

Social Security or Federal Employer Identification number: _____ (required)

Registration fee for all rides:

_____ number of rides at \$55/ride = \$_____ **TOTAL**

_____ number of rides that are coin-operated *Revenue Code 8266*

*REGISTRATION FEES ARE NOT REFUNDABLE.

Walk-ins after noon will be processed the next business day.

Send payment and all registration materials to:

Division of Industry Services
P.O. Box 7302
Madison, WI 53707-7302

FOR OFFICE USE ONLY	
Date:	_____
Payment:	<input type="checkbox"/> Check #: _____
	<input type="checkbox"/> Cash
Total Received:	\$ _____

NOTE: Amusement ride registration may be refused by the department for the following reasons:

- 1. Unabated safety related orders issued by Safety and Professional Services (see ⑥ above)
- 2. Outstanding registration and inspection fees
- 3. Incomplete registration form or inadequate fees
- 4. Modifications, repairs, or maintenance that are not in accordance with recognized safe practice
- 5. Failure to provide nondestructive testing information when the testing is required by SPS 334.16.

Fee Schedule for Amusement Rides

2020

NOTE: For determining the correct ride classification, the following information is provided from SPS 334.03:

Class 1.....Rides that move passengers in a mild manner.

Class 2.....Standard thrill-type amusement rides.

Class 3.....Amusement rides which do not meet the SPS 334.03 requirements for Class 1 or Class 2 rides.

Modified Class.....Amusement rides that have been changed except for changes made by the manufacturer.

NOTE: Amusement rides modified since the last registration shall not be operated until the department has been provided with information to determine the proper maintenance and class of the ride and the owner or operator has obtained a new registration certificate.

Amusement Rides – Plan Examination, Date Review, Registration and Inspections

Fees for amusement rides shall be determined in accordance with the following schedule (see SPS 302.20):

- a. Plan examination for new amusement rides tramways (see SPS 333.01 for definition).....**\$280.00** per ride
- b. Review of engineering analysis and test data associated with the acceptance of amusement rides.....**\$280.00** per ride
- c. 1. Annual registration for all amusement rides**\$ 55.00** per ride
2. Late registration fee for failure to register amusement ride before opening it to the public**\$200.00** per ride
- d. Initial inspection of custom-built, site-specific amusement rides not used in a portable mode per section SPS 302.04 (2).....**\$ 80.00** per ride
- e. Period inspection of coin-operated kiddie rides.....**\$ 70.00** per ride
- f. Inspection of Class 1 amusement rides.....**\$140.00** per ride
- g. Periodic inspection of Class 2 amusement rides, except amusement rides that the manufacturer estimates require more than 40 hours to erect**\$250.00** per ride
- h. Periodic inspection of Class 2 amusement rides that the manufacturer estimates require more than 40 hours to erect**\$350.00** per ride
- i. Period inspection of amusement ride tramways.....**\$420.00** per tramway
- j. Re-inspection fee for noncompliance with orders previously issued by the department**\$100.00** per ride

NOTE: See SPS 334, Amusement Rides Code, for definitions of ride classes.



④ Route Schedule for Amusement Rides

2020 Play Date / Itinerary

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[Division of Industry Services Programs](#)

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.

Failure to completely register amusement rides prior to opening to the public will result in late registration fees and possibly red tag.

NOTE: The department has 15 business days to process the registration application and grant a registration or issue a denial.

Ride Operation Business or Owner Name: _____ Date: _____

Dates of Operations Estimated Number of Rides Playing at this Site _____	Location Name	Location Street Address	Location <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Location County	Location Zip Code
	Sponsor Name	Sponsor Address	Sponsor City/Zip	Sponsor Phone Number	Sponsor Email
Dates of Operations Estimated Number of Rides Playing at this Site _____	Location Name	Location Street Address	Location <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Location County	Location Zip Code
	Sponsor Name	Sponsor Address	Sponsor City/Zip	Sponsor Phone Number	Sponsor Email
Dates of Operations Estimated Number of Rides Playing at this Site _____	Location Name	Location Street Address	Location <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Location County	Location Zip Code
	Sponsor Name	Sponsor Address	Sponsor City/Zip	Sponsor Phone Number	Sponsor Email
	Sponsor Name	Sponsor Address	Sponsor City/Zip	Sponsor Phone Number	Sponsor Email

④ Route Schedule for Amusement Rides (continued)

Ride Operation Business or Owner Name: _____ Date: _____

Dates of Operations	Location Name	Location Street Address	Location <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Location County	Location Zip Code
	Estimated Number of Rides Playing at this Site _____	Sponsor Name	Sponsor Address	Sponsor City/Zip	Sponsor Phone Number
Dates of Operations	Location Name	Location Street Address	Location <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Location County	Location Zip Code
	Estimated Number of Rides Playing at this Site _____	Sponsor Name	Sponsor Address	Sponsor City/Zip	Sponsor Phone Number
Dates of Operations	Location Name	Location Street Address	Location <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Location County	Location Zip Code
	Estimated Number of Rides Playing at this Site _____	Sponsor Name	Sponsor Address	Sponsor City/Zip	Sponsor Phone Number
Dates of Operations	Location Name	Location Street Address	Location <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Location County	Location Zip Code
	Estimated Number of Rides Playing at this Site _____	Sponsor Name	Sponsor Address	Sponsor City/Zip	Sponsor Phone Number
Dates of Operations	Location Name	Location Street Address	Location <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town	Location County	Location Zip Code
	Estimated Number of Rides Playing at this Site _____	Sponsor Name	Sponsor Address	Sponsor City/Zip	Sponsor Phone Number

Please make copies of this form as needed.



⑥ **Affidavit of Compliance with Amusement Ride Orders**
2020

DIVISION OF INDUSTRY SERVICES
P.O. Box 7302
Madison, Wisconsin 53707-7302
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<http://www.dsps.wi.gov>

SPS 334.04 of the Wisconsin Administrative Code states:

SPS 334.004 (5) AMUSEMENT RIDE REGISTRATION REFUSAL. Amusement rides shall not be registered by the department for any of the following reasons:

(a) Unabated written safety-related orders issued by the department

Complete an Affidavit of Compliance form for each ride with outstanding orders.

This affidavit certifies that the orders for the amusement ride referenced below have been satisfied and the ride is in compliance with SPS 334, Amusement Rides Code.

Ride Owner: _____

Order Inspection Date: _____

Amusement Ride Name: _____ Reg Object ID: _____

I do hereby attest that the following corrections were made (specify corrections):

Print Name on Line Above

Title or Position in Company

Signature

Date

This affidavit will allow those rides with outstanding orders indicated as able to be registered with an affidavit to be registered. The department will verify corrections at the next inspection of this ride.

Note: SPS 334.07 Revocation of Approval. The department may revoke any approval or registration issued under the provisions of this chapter for any false statements or misrepresentation of facts on which the approval or registration was based.



⑦ Amusement Ride Accident Report

DIVISION OF INDUSTRY SERVICES
P.O. Box 7302
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The owner/operator of the amusement ride shall notify the Department of Safety and Professional Services of every accident involving personal injury that requires medical attention which is more than onsite first aid. (See SPS 334.41, Wisconsin Administrative Code.)

This form must be submitted within two days after accident or injury. Fatalities shall be reported within 24 hours by calling 608-266-3723. Penalties for failure to report are provided in SPS 334.12, Wisconsin Administrative Code.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

Report Date	Accident Date	Carnival or Business Name	Phone Number
Ride Serial Number	Ride Name	Sponsor Name	
Ride Manufacturer	Ride Location at Accident Time		
Responsible Ride Operator Name	Responsible Ride Operator Address		
Liability Insurance Company Name	Number of People Injured:		

Injured Person(s) Name and Address

Injured Person(s) or Representative Signature (if possible)

Extent of Injuries: <input type="checkbox"/> Amputation/Severance <input type="checkbox"/> Crushed <input type="checkbox"/> Lacerations <input type="checkbox"/> Fatality <input type="checkbox"/> Fracture <input type="checkbox"/> Other, specify _____	Was Injured person(s) Your Employee(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Describe Accident (continue on separate page if necessary):

Accident Reporter's Printed Name and Signature	Position	Date Signed
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Fax form to 608-283-7404 or E-mail form to DSPSSBInspectionSupport@Wi.gov