



Commonwealth of Massachusetts

PERMIT NO. _____

Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618
Tel: (617) 727-3200
Fax: (617) 727-5732
WWW.MASS.GOV/DPS

FORM CC-1 2007-1

**CHALLENGE
COURSES
ONLY**

APPLICATION FOR LICENSE TO OPERATE CHALLENGE COURSES

Application is hereby made for a license to operate the listed challenge courses.

(Print name of owner/organization)

(Date of Application)

(Company Website Address)

(Phone Number)

(Print Contact Name)

(Fax Number)

(Contact Name E-Mail Address)

(Contact Name Title)

(Organization Street Address)

(Organization City, State, Zip Code)

The following information must accompany this application (please check as attached):

- Names of the Challenge Course Elements (page 2 of this form)
- A bank check or money order payable to the Commonwealth of Massachusetts (\$40 per course)
- An original insurance certificate (\$2,000,000 minimum), or proof of self insurance or amount up to statutory limit, with challenge course listed.
- A completed certified inspector's report on a form approved by the Department.
- Training plan of the Challenge Course staff.
- Form Attestation of Personnel Training
- Name, contact information of the trained Challenge Course Manager.
- Name, contact information of the Qualified Challenge Course Professional.
- Site Plan
- CORI Request Form
- CORI Procedure

Mail this application and the accompanying information to the address as listed above.

I certify under the penalties of perjury that to the best of my knowledge, I have filed all state tax returns and paid all state taxes required under state law, and that the information submitted with this application is true to the best of my knowledge.

(Signature of owner or permitting representative)

(Date)

(Print Last Name)

Note: License will not be issued unless this document has been completed and signed by the owner.

*This form must be submitted by the applicant.
Failure to use this form will result in the denial of the application.*

Owner/Organization Name: _____

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	USID #	Name of Challenge Course Element
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		

Name and Qualification of the Qualified Challenge Course Professional (attach qualifications): _____

Name: _____

Address: _____

City/State/Zip: _____

Name of trained Challenge Course Manager: _____

Address: _____

City/State/Zip: _____

Phone: _____

Mail the completed application along with the required information attached, and the fee (bank check or money order only) to:

Massachusetts Department of Public Safety
Attn: Amusements
One Ashburton Place, Room 1301
Boston, MA 02108-1618