



Commonwealth of Massachusetts

Division of Occupational Licensure

MA License No. _____

Office of Public Safety & Inspections

Application for License to Operate Climbing Wall Facilities

1 Federal Street – Suite 0600 – Boston – MA 02110-2012

Application is hereby made for a license to operate the listed climbing wall devices. 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 may result in the denial of the application. Please refer to 520 CMR 5.00 for further duties and responsibilities pertaining to the operation of climbing wall elements.

(Print name of owner/organization)

(Date of Application)

(Company Website Address)

(Phone Number)

(Contact Name)

(Fax Number)

(Contact Title)

(Company Street Address)

(Contact E-Mail Address)

(City, State, Zip Code)

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

- List of Climbing Wall Elements (see following page).
- Location of Climbing Wall Structures.
- Number of protection anchors installed _____.
- A bank check or money order payable to the Commonwealth of Massachusetts (\$40 per course).
- An original insurance certificate (\$1,000,000 per occurrence, \$2,000,000 general aggregate minimum), or proof of self-insurance or amount up to statutory limit, with insured devices listed.
- Certified Inspector's report(s).
- Certified Third Party Inspector's Summary Report.
- Training Attestation of the designated Climbing Wall Facility Manager and staff/facilitators.
- Name, qualifications, contact information and copy of certification for the trained Climbing Wall Facility Manager.
- Floor Plan(s) with Climbing Wall Elements numbered sequentially beginning with element number 01.
- CORI Request Form for Company Owner.
- CORI Policy Procedure.

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 First & Last Name of Owner)

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 may result in the denial of the application.

APPLICATION FOR LICENSE TO OPERATE CLIMBING WALL FACILITIES

No.	USID Number	Name of Climbing Wall Element <i>(If Applicable)</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

**Name and Qualifications of Climbing Wall
Facility Manager** (Attach qualifications)

Address

City

State

Zip Code

Phone:

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

Massachusetts Office of Public Safety & Inspections (OPSI)

Attention: Amusements

1 Federal Street, Suite 0600, Boston MA 02110-2012