



Commonwealth of Massachusetts
Division of Occupational Licensure
Office of Public Safety & Inspections

MA License No. _____

Application for License to Operate Small Inflatable Devices

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

Application is hereby made for a license to operate the listed amusement 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 small inflatable devices.

(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):

- A list of inflatable devices (see following page).
- A bank check or money order payable to the Commonwealth of Massachusetts (\$40 per course).
- Total Number of devices: _____.
- An original insurance certificate (\$1,000,000 per occurrence), or proof of self-insurance of amount up to statutory limit, with insured devices listed.
- Name, contact information, and copy of certification of the certified inflatable device mechanic.
- All operating procedures manuals, if not previously and properly submitted.
- CORI Request Form for Company Owner.
- CORI 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)

(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 SMALL INFLATABLE DEVICES

No.	USID Number	Name of Device
1.		
2.		
3.		
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APPLICATION FOR LICENSE TO OPERATE SMALL INFLATABLE DEVICES

No.	USID Number	Name of Device
33.		
34.		
35.		
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Name of Certified Inflatable Device Mechanic

Address

City

State

Zip Code

Phone:

Please provide a copy of the mechanic's NAARSO, AIMS or Massachusetts certification card.

*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