Commonwealth of Massachusetts

Division of Professional Licensure

MA License No. _____

Office of Public Safety & Inspections

Application for License to Operate Bungee Jumping Device

1000 Washington Street – Suite 710 – Boston – MA 02118

Application is hereby made for a license to operate the listed bungee jumping 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 bungee jumping 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 completed, detailed application supplied by the Office of Public Safety & Inspections (OPSI).
- A bank check or money order payable to the Commonwealth of Massachusetts ($250 annual fee).
- An original insurance certificate ($2,000,000 per incident minimum).
- Sketch of complete platform, bungee cord rigging and air bag including all distances, dimensions, angles and number of connection points.
- Overall sketch showing unstretched cord length and cord length at maximum elongation.
- A ground layout sketch indicating working areas, dimensions and position of airbag.
- Bungee cord technical specifications.
- Bungee cord batch technical specifications, including man basket information.

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.

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

(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 BUNGEE JUMPING AMUSEMENT DEVICE
Itinerary

All itineraries must provide a complete location address to fall under the scope of the permit.

(Print name of owner/company)

(Date)

(Company Address)

(Company Phone Number)

(Print Contact Name)

(Contact E-mail Address)

Location			
Date arrive on lot			
From		To	

Location			
Date arrive on lot			
From		To	

Location			
Date arrive on lot			
From		To	

Location			
Date arrive on lot			
From		To	

Location			
Date arrive on lot			
From		To	

Location			
Date arrive on lot			
From		To	

Location			
Date arrive on lot			
From		To	

Location			
Date arrive on lot			
From		To	

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

Massachusetts Office of Public Safety & Inspections (OPSI)
Attention: Amusements
1000 Washington Street, Suite 710, Boston MA 02118