



**Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety & Inspections**

MA License No. _____

Application for License to Operate Challenge Courses

1000 Washington Street – Suite 710 – Boston – MA 02118

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

<i>(Print name of owner/organization)</i>	<i>(Date of Application)</i>
<i>(Company Website Address)</i>	<i>(Phone Number)</i>
<i>(Contact Name)</i>	<i>(Fax Number)</i>
<i>(Contact Title)</i>	<i>(Company Street Address)</i>
<i>(Contact E-Mail Address)</i>	<i>(City, State, Zip Code)</i>

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

- List of Challenge Course Elements (see following page).
- A bank check or money order payable to the Commonwealth of Massachusetts (\$40 per course).
- Total Number of elements: _____.
- 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).
- Name of the designated Challenge Course Manager.
- Name and qualifications of the Qualified Challenge Course Professional.
- A list of Challenge Course Staff trained in compliance with specifications of the Qualified Challenge Course Professional and the Staff Training Plan.
- Attestation of annual personnel training.
- CORI Request Form for Challenge Course Manager.
- CORI Policy Procedure.
- A site plan(s) numbered sequentially beginning with element number 01.
- Use of Premise approval from municipality where the challenge course is located.

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.

<i>(Signature of owner)</i>	<i>(Date)</i>
<i>(Print First & Last Name of Owner)</i>	

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This form must be submitted by the applicant.
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APPLICATION FOR LICENSE TO OPERATE CHALLENGE COURSES

No.	USID Number	Name of Belayed Course Element
1.		
2.		
3.		
4.		
5.		
6.		
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11.		
12.		
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17.		
18.		
19.		
20.		

Name and Qualifications of Qualified Course Professional (Attach qualifications)

Address _____
 City _____
 State _____
 Zip Code _____
 Phone: _____

Name of trained Challenge Course Manager

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
 1000 Washington Street, Suite 710, Boston MA 02118*