Iowa Division of Labor
Amusement Ride Safety
150 Des Moines Street
Des Moines, IA 50309-1836
Phone: 515-725-5612/515-725-5608
Fax: 515-242-5076
amusement@iwd.iowa.gov
amusement.iowa.gov

FOR OFFICE USE ONLY

Date: _____ Initials: _____

Permit #: _____ Permit year: _____

☐ Granted ☐ Denied

Application to Self-Inspect Air-Supported Structures

It is within the discretion of the Iowa Labor Commissioner to grant or deny this designation.

This designation will be denied if the operator does not have a history of safely operating inflatables in Iowa.
This designation will be denied if the operator will be running mechanical rides or covered concessions in Iowa.
This designation will be denied if training certificate is not provided.

Show Name			Contact Person		
Address			City	State	Zip
Phone Number	Mobile Number	Fax Number	Email		

Have you been trained by a third party provider to inspect inflatables? ☐ **Yes** ☐ **No** (If yes, attach a copy of training certificate)
Have you set up one or more air-supported-structures in Iowa in the last year? ☐ **Yes** ☐ **No**
In the past 5 years, has a patron been injured while using one of your air-supported-structures in any jurisdiction? ☐ **Yes** ☐ **No**
Do you have written procedures as set forth in ASTM F770-15 for: Initial setup inspection: ☐ **Yes** ☐ **No** Daily inspections: ☐ **Yes** ☐ **No** Periodic operating inspections: ☐ **Yes** ☐ **No**
Have you obtained and reviewed: ASTM F2374-10: ☐ **Yes** ☐ **No** ASTM F770-15: ☐ **Yes** ☐ **No** ASTM F1193-14: ☐ **Yes** ☐ **No** NFPA 70-2014 (NEC): ☐ **Yes** ☐ **No** 1910 (OSHA): ☐ **Yes** ☐ **No** Iowa Code Chapter 88A: ☐ **Yes** ☐ **No** Iowa Amusement Ride Rules, Chapter 61 and 62: ☐ **Yes** ☐ **No**

If the Labor Commissioner designates me to perform inspections on my own air-supported structures, I agree to:

- Notify the Division of Labor of any change in my contact information or itinerary
- Notify the Division of Labor immediately of an accident causing a death or injury resulting in treatment beyond first aid
- Perform the inspections faithfully and thoroughly according to the applicable codes
- Correct any hazards identified during the inspection before the equipment is operated
- Complete and submit accurate inspection reports to the Labor Commissioner
- **Delay operation of the equipment until I receive the sticker** from the Labor Commissioner and attach it to the equipment

I certify that the information submitted on this form is true and accurate to the best of my knowledge.

Operator's Name Operator's Signature Date

Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.