



Commonwealth of Massachusetts

PERMIT NO. _____

Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108-1618
Tel: (617) 727-3200
Fax: (617) 727-5732
WWW.MASS.GOV/DPS

FORM CW-1 2007-1

**CLIMBING
WALL
FACILITIES
ONLY**

APPLICATION FOR LICENSE TO OPERATE CLIMBING WALL FACILITIES

Application is hereby made for a license to operate the listed climbing wall facilities.

(Print name of owner/organization)

(Date of Application)

(Company Website Address)

(Phone Number)

(Print Contact Name)

(Fax Number)

(Contact Name E-Mail Address)

(Contact Name Title)

(Organization Street Address)

(Organization City, State, Zip Code)

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

- State Inspection Date Requested: _____ (Within 60 days of licensure)
- Location of Artificial Climbing Structure(s)
- Number of protection anchors installed _____
- A bank check or money order payable to the Commonwealth of Massachusetts (\$25 per climbing wall facility)
- An original insurance certificate (\$1 million per occurrence, \$2 million aggregate), or proof of self insurance or amount up to statutory limit, with insured facility listed.
- A completed certified inspector's report on a form approved by the Department.
- Form Attestation of Personnel Training
- Name, contact information of the trained Climbing Wall Facility Manager.
- Name, contact information of the Qualified Manufacturer.
- CORI Request Form
- CORI Procedure

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

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 Last Name)

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 will result in the denial of the application.*

	USID #	Name of Belayed Artificial Climbing Structure
1		
2		
3		
4		
5		
6		
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10		
11		
12		
13		
14		
15		
16		
17		
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19		
20		

Name and Contact information of the Qualified Manufacturer: _____

Name: _____

Address: _____

City/State/Zip: _____

Name of trained Climbing Wall Facility Manager: _____

Address: _____

City/State/Zip: _____

Phone: _____

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

Massachusetts Department of Public Safety
 Attn: Amusements
 1 Ashburton Place, Room 1301
 Boston, MA 02108-1618