



# 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 CC-1 2007-1

## CHALLENGE COURSES ONLY

### APPLICATION FOR LICENSE TO OPERATE CHALLENGE COURSES

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

\_\_\_\_\_  
(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)
- Names of the Challenge Course Elements (page 2 of this form)
- A bank check or money order payable to the Commonwealth of Massachusetts (\$25 per course)
- An original insurance certificate (\$2,000,000 minimum), or proof of self insurance or amount up to statutory limit, with challenge course listed.
- A completed certified inspector's report on a form approved by the Department.
- Training plan of the Challenge Course staff.
- Form Attestation of Personnel Training
- Name, contact information of the trained Challenge Course Manager.
- Name, contact information of the Qualified Challenge Course Professional.
- Site Plan
- 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.*

APPLICATION FOR LICENSE TO OPERATE CHALLENGE COURSES - Form CC-1 2007-1

	USID #	Name of Challenge Course Element
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Name and Qualification of the Qualified Challenge Course Professional (attach qualifications): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of trained Challenge Course 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