



South Carolina Department of Labor, Licensing and Regulation  
**Office of Elevators and Amusement Rides**  
110 Centerview Dr. • Columbia • SC • 29210  
P.O. Box 11329 • Columbia • SC 29211-1329  
Phone: 803-896-7630 • Fax: 803-896-7650  
llr.sc.gov/elevators

## ITINERARY FOR PERMANENT-FIXED LOCATION AND THEME PARK

Permanent Location Address: \_\_\_\_\_  
(Enter complete address)

Contact Person: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Owner Email: \_\_\_\_\_  
**(MANDATORY FOR AMUSEMENT PORTAL REGISTRATION)**

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

Owner Mailing Address: \_\_\_\_\_  
(Enter complete mailing address)

Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

Operating Hours: From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

Requested Inspection Date: \_\_\_\_\_ Inspector Name: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/Lessee

\_\_\_\_\_  
Date

**You are required to *immediately* update expired NDT's & Insurance upon their expiration dates.  
Devices with expired NDT's & Insurance will **NOT** be permitted to operate in the state of South Carolina.**

### Notice to NDT Companies

We are providing this list of NDT requirements for the State of South Carolina to assist you. When you are submitting reports to our office they must have the following information or they will be rejected.

1. The name, serial number, and state ID number (if available) of the ride.
2. A proper description of what was checked, and it must be according to the manufacturer's requirements, not the owners' request. Mention the exact wording on this list if you want.
3. A legible name of the person who performed the test and the level they are certified in.
4. If we do not have your certification on file, please submit if for our records.