



# Department of Commerce

Division of Industrial Compliance  
John R. Kasich, Governor  
Jacqueline T. Williams, Director

## CLIMBING FACILITY REGISTRATION

In accordance with RC Chapter 4175, all Ohio climbing facility operators shall file this form with the Division of Industrial Compliance, and shall attach the following documents: 1) a certificate of insurance demonstrating coverage required under RC 4175.08; and 2) evidence of inspection required under RC 4175.03. Filing is accomplished by mailing, faxing, or emailing the completed form including attachments to the Division at the address at the bottom of this form.

### Section 1

Is the facility a “climbing facility,” as that term is defined in RC 4175.01? Y  N

- The facility is NOT located on public land
- The facility is NOT located in an amusement park or carnival
- The facility is designed and built for the sport of rock climbing, recreational climbing, or competitive climbing

Are you the owner, manager, or person who has operational responsibility for the facility? Y  N

**If you answered YES to the above questions, please proceed to section 2 below.**

### Section 2

Name of Climbing Facility: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Name of 3<sup>rd</sup> party inspection company\*: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

\*must be the manufacturer, manufacturer’s representative, or a licensed professional engineer. See RC 4175.03\*



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Required frequency of inspection, per manufacturer's instructions:

Yearly     Every 2 years     Every 3 years     Every 4 years     Other (specify) \_\_\_\_\_

Date of last inspection: \_\_\_\_\_

**\*\*ATTACH COPY OF INSPECTION REPORT TO THIS FORM\*\***

Name of Insurer (Insurance Company): \_\_\_\_\_

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

Does the policy meet the following requirements of RC 4175.08? Y  N

- Provide coverage greater than or equal to \$500,000 for bodily death/injury of one person in each occurrence;
- Provide coverage greater than or equal to \$1,000,000 for bodily death/injury of two or more persons in each occurrence;
- Obligate the insurer to not cancel the policy without providing 30 days written notice to the Department of Commerce along with a complete report of the reasons of cancellation;
- Obligate the insurer to, within 24 hours of occurrence, report to the Department of Commerce if it pays a claim or reserves any amount to pay an anticipated claim that reduces liability insurance to less than one million dollars due to injury or death of 2 or more persons per occurrence.

**\*\*ATTACH COPY OF CERTIFICATE OF INSURANCE TO THIS FORM\*\***

**I hereby certify that the information given herein is true to the best of my knowledge. I understand that falsification of any statement in this form may be cause for the rejection of the filing and the legal protection provided under RC Chapter 4175.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**