# The State of New Hampshire

DEPARTMENT OF SAFETY
Division of Safety Services
Tramway & Amusement Ride Safety
31 Dock Road
Gilford, NH 03249-7627
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**JOHN J. BARTHELMES**
**COMMISSIONER OF SAFETY**

**DAVID T. BARRETT**
**Director**
**Division of Safety Services**

**W. BRIGGS LOCKWOOD**
**Chief**
**Tramway and Amusement Ride Safety**

# CARNIVAL-AMUSEMENT DEVICE REGISTRATION FORM

NAME (OWNER/OPERATOR)_____

Permanent Mailing Address:_____

City_____State_____Zip_____Phone_____

**E-Mail Address** _____

**Name of Carnival-Amusement Company**_____

Address if different from above:_____

City_____State_____Zip_____Phone_____

| Equipment<br>Name & Make of Device | Serial Number | NH Identification Number | Decal Number Issued | Fee<br>($130.00 Per Device) |
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NOTE: Where a device bears no Serial number (i.e., it is home made or made from composite parts) a number shall be assigned to that device by the owner or insurer so that it is possible to make a positive identification of the device. New Hampshire assigned identification numbers shall be permanently affixed to each device.

Date_____

_____
Signature of Applicant

For Office Use: Check #_____
Amount_____