John J. Barthelmes
Commissioner of Safety

State of New Hampshire

Department of Safety
Tramway & Amusement Ride Safety
33 Hazen Drive
Concord, NH 03305
Telephone: (603) 223-4289 FAX (603) 223-4294

CARNIVAL-AMUSEMENT DEVICE REGISTRATION FORM

NAME (OWNER/OPERATOR):_____

Permanent Mailing Address:_____

City:_____State:_____Zip:_____Phone:_____

NAME OF CARNIVAL-AMUSEMENT COMPANY:

_____

Address if different from above:_____

City: _____State:_____Zip:_____Phone:_____

EQUIPMENT: Name & Make of Device	Serial Number	NH Identification Number	Decal Number Issued	Fee ($130.00 Per Device)

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.

_____ _____
Signature of Applicant Date

FOR OFFICIAL USE ONLY: Check #_____ Amount of Check: $_____