

AMUSEMENT ATTRACTION REGISTRATION FORM (Non-Inflatable)

AMUSEMENT RIDE SAFETY INSPECTION 10946 GOLDEN WEST DR, #106 HUNT VALLEY, MD 21031 AR.Request@maryland.gov

The Owner of a new amusement attraction operating in Maryland must complete this registration form before a State Registration Number is issued and the required inspections are performed.

- Do not use this form for registering Inflatable attractions. They are registered separately.
- Please include the Serial number, which is a manufacturer-issued or owner-issued unique identifying number.

When completed, j	please mail or save/scan	and E-m	ail to addresse	s above, or fax	x to 410-333-7683.			
Owner Identification		☐ NEW	V COMPANY					
Name of Amusement R	ide Company:							
Owner / Representative	Name:							
Street Address:				City:				
State:	Zip Code: Email:							
Phone:	Cell:				Fax:			
Signature of Owner/Authorized Representative:								
Ride Types: CR=Carn SI = Simulator WS=V Amusement Attraction				-Kart HH=Haun RW=Rock Wall	ted House SL=Ski Lift RC=Ropes Course			
Ride Name: Manufac			Manufacture	cturer:				
Serial Number:				Speed:	Capacity:			
Ride Type:	Year Built:	Previou	Previous Owner (if purchased used):					
Ride Name:		Manufacture	cturer:					
Serial Number:				Speed:	Capacity:			
Ride Type:	Year Built:	Previous Owner (if purchased used):						
Ride Name:			Manufacturer:					
Serial Number:			•	Speed:	Capacity:			
Ride Type:	Year Built:	Previous Owner (if purchased used):						
Ride Name: Manuf			Manufacture	acturer:				
Serial Number:				Speed:	Capacity:			
Ride Type:	Year Built:	Previou	ıs Owner (if pu	ourchased used):				
Dida Nama:			Manufacture					
Ride Name:			Manufacturer:		Compaitry			
Serial Number:	Voor Duilte	Descri	va Ovvma = (:f	Speed:	Capacity:			
Ride Type:	Year Built:	Previous Owner (if purchased used):						

Ride Name:			Manufacturer:				
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previou	us Owner (if purchased used):				
Ride Name:			Manufacturer:				
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previou	evious Owner (if purchased used):				
Ride Name:			Manufacturer:				
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previou	ous Owner (if purchased used):				
Ride Name:			Manufacturer:				
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previou	ous Owner (if purchased used):				
Ride Name:			Manufacturer:				
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built: Previous Owner (if purchased used):						
Ride Name:			Manufacturer:				
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previou	ous Owner (if purchased used):				
Ride Name:			Manufacturer:				
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previou	evious Owner (if purchased used):				
Ride Name:			Manufacturer:				
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previou	s Owner (if p	ourchased used):	1		
Ride Name:	Manufacturer:						
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previou	s Owner (if p	ourchased used):	•		
Ride Name:			Manufacturer:				
Serial Number:			<u>I</u>	Speed:	Capacity:		
Ride Type:	Year Built: Previous Owner (if purchased used):				•		

DIVISION OF LABOR & INDUSTRY AMUSEMENT RIDE SAFETY INSPECTION 10946 GOLDEN WEST DRIVE, SUITE 160 HUNT VALLEY, MD 21031