

THE CITY OF NEW YORK DEPARTMENT OF CONSUMER AFFAIRS  
41 BROADWAY, NEW YORK, NY 10004

SELF-CONTAINED/MOBILE TYPE AMUSEMENT DEVICE  
INSPECTION REPORT

CORPORATE NAME: \_\_\_\_\_

D/B/A NAME \_\_\_\_\_

LOCATION: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

	LICENSE #	DEVICE	DMV REG.	INSP DATE	PASS/FAIL
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4)	_____	_____	_____	_____	_____

INSPECTOR'S COMMENTS:

=====

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(BADGE #)