



ELV1A Amusement Ride Application

Please File 4 Copies. Must be typewritten.
2 Copies of all manuals pertaining to the amusement device must accompany this application.

Internal Use
Application Number
Date Received

1 Filing Status
<input type="checkbox"/> New Installation <input type="checkbox"/> Relocate
<input type="checkbox"/> Dismantle <input type="checkbox"/> Remove
Select One:
<input type="checkbox"/> Electrical Application Number:
<input type="checkbox"/> No Electrical Filing Record

2 Location Information
Borough
Address
BIN
Block Lot
Occupancy Group

3 Application Information
Name
Title License Number:
Business Name
Address
City
State ZIP Phone

4 Owner Information
Name
Title License Number:
Business Name
Address
City
State ZIP Phone

5 Device Information
NYC Ride Number
Name of Ride
Serial Number
Device Type <input type="checkbox"/> Adult <input type="checkbox"/> Kiddies

6 Manufacturer
Name
Address
City State Zip
Country Phone

7 Description of Work

8 General Information
Power Supply: Type of Control:
Speed: NDT Required:
Total Capacity: Capacity Per Car: Number of Cars:

9 Fee Information
Estimated Cost: \$ <input type="checkbox"/> Fee Exempt (Proof Required):

10 Statements and Signature
I hereby state that all of the above information is complete and correct to the best of my knowledge.
False certification is a criminal misdemeanor under sections 28-203.1.1 and 28-211.1 of the NYC Administrative Code, punishable by up to 1 year imprisonment and /or a fine of up to \$25,000. It is also punishable with a civil penalty of up to \$25,000.
It is unlawful to give a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment of fine or both.
Name (please print) _____
Signature _____ Date _____
P.E. / R.A. Seal (apply seal; then sign and date over seal)

11 Location Information

Borough _____
Address _____
Block _____ Lot _____

12 Insurance Information

Compensation insurance has been secured in accordance with the requirements of the Workman's Compensation Law as follows:
 Insurance Certificates / Policies on file with the Department of Buildings
 Insurance Certificates / Policies submitted with the application
Insurance Company: _____ Certificate / Policy No: _____ Expiration Date: _____

13 Internal Use

Amount Due: \$ _____ Fee Estimator Name: _____
Amount Paid: \$ _____ Signature: _____ Date: _____

14 Approvals

Examined and Recommended for Approval: _____ Approved: _____
Examiner's Name: _____ Assistant Commissioner's Signature: _____
Signature: _____ Date: _____