CITY OF NEW YORK DEPARTMENT OF BUILDINGS AMUSEMENT RIDE - ELEVATOR INSPECTION UNIT 280 BROADWAY, 4TH FLOOR, NY, NY 10007 (212) 566-5524 (212) 566-5770 FAX

DATE:		
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AMUSEMENT RIDE OWNER EQUIPMENT DATA SHEET

COMPANY/OWNER:						
ADDR	ESS:					
CITY:		STATE:	ZIP:			
OFFIC	E PHONE:	OFFICE FAX:				
CONT	ACT PERSON:	CELL NUMBE	ER:			
EMAIL	ADDRESS:	ALT CELL NU	JMBER:			
Duplicate this form as needed to submit a complete list of all amusement rides currently owned by your company. (Print CLEARLY or TYPE)						
Line#	ORIGINAL RIDE NAME	ORIGINAL SERIAL NUMBER	MANUFACTURER	AR#		
This		o of all amusement rides. You will be assigned a p nent device will keep the same registration numbe		ch device. Once		
Own	er Signature/ Title:		Date:			