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[nyc.gov/consumers](http://nyc.gov/consumers)

# APPLICATION TO REQUEST AN INSPECTION/ RECOMMENDATION

Please complete the form below and list the names and applicable identification numbers for your amusement devices on page 2. DCA will submit your request to relevant parties (i.e., Community Board, Council Member, Department of Buildings (DOB) Bureau of Electrical Control, and/or DOB Elevator Division).

If you have not received a passed inspection report from DOB, please save a copy of this form to present to the DOB inspector at the time of inspection.

<b>Check the applicable License Category:</b>	<input type="checkbox"/> Permanent Amusement Device <input type="checkbox"/> Portable Amusement Device
<b>Legal Name of Business:</b>	
<b>Business's Trade or Doing-Business-As (DBA) Name, if applicable:</b>	
<b>Business Address:</b>	
<b>Business Contact Name:</b>	
<b>Telephone:</b>	

I understand that falsification of any statement made herein is an offense punishable by a fine or imprisonment or both.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*



**APPLICATION TO REQUEST AN  
INSPECTION/RECOMMENDATION  
Page 2**

*Office or Inspector Use Only*

Amusement Device Name	Identification or DMV Registration Number	Inspection Date	Pass/Fail	License Number
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Additional Comments:

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Badge Number (if applicable)*