



# ELEVATOR DIVISION

280 Broadway, 4th Floor  
New York, NY 10007

## STATEMENT OF LOAD TEST FOR PASSENGER CARRYING AMUSEMENT DEVICE

1. Name the amusement device is known by and the type of device:		<input type="checkbox"/> Adult	<input type="checkbox"/> Kiddie
2. Amusement device location at time of test:			
3. Name and address of the owner of the device:			
4. Identification number:		City Identification Number:	
5. Device manufacturer's name and address:			
6. Normal maximum speed:			
7. Carrying capacity: A. Number of persons:			
B. Weight:			
8. Statement of person witnessing test:  On _____ the undersigned witnessed a load of the amusement device described above, and such device satisfactorily withstood the test prescribed by 1RCNY§3005-10(h) without failure in any material respect.			
Inspector's Name:		Title:	
Signature:		Date:	