



42 Broadway
New York, NY 10004
(212) 487-4077
www.nyc.gov/consumers

www.nyc.gov/buildings

Elevator Inspection Division
280 Broadway, 4th Floor
New York, NY 10007
(212) 566-5524

DATE: _____

PAGE ____ OF ____

AMUSEMENT RIDE INSPECTION APPLICATION

FAIR LOCATION/
STREET ADDRESS: _____ BORO: _____

FAIR START DATE: _____ FAIR END DATE: _____ ARRIVAL DATE: _____

REQUESTED _____ SPONSORING _____

INSPECTION DATE: _____ ORGANIZATION: _____

COMPANY/OWNER: _____

ORIGINAL
AMMENDMENT

COMPANY ADDRESS: _____ POTENTIAL # OF RIDES: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT PERSON: _____ CELL NUMBER: _____

COUNCIL _____

MEMBER DISTRICT: _____ NYPD PCT. # _____ COMMUNITY BOARD # _____

SIGNATURE OF APPLICANT: _____ TITLE: _____

Duplicate this form as needed to submit a complete list of all amusement rides that will be on-site. (Print CLEARLY or TYPE)

RIDE NAMES:	NYC AR#	PASS FAIL	RIDE NAMES:	NYC AR#	PASS FAIL
1			19		
2			20		
3			21		
4			22		
5			23		
6			24		
7			25		
8			26		
9			27		
10			28		
11			29		
12			30		
13			31		
14			32		
15			33		
16			34		
17			35		
18			36		

This form shall be used to register a list of amusement devices at every event. List all ride names and the respective AR numbers.

OFFICIAL USE ONLY

DCA LICENSE # _____ POLICE OPS: _____

ELEVATOR INSPECTOR
 ELECTRICAL INSPECTOR _____ DATE: _____