



DCA LICENSING CENTER
 42 Broadway, Lobby
 New York, NY 10004
 Monday-Friday: 9:00 a.m.-5:00 p.m.
 Wednesday: 8:30 a.m.-5:00 p.m.

Telephone:
 (212) 436-0109 or (212) 436-0280
 nyc.gov/dca

**NYC SMALL BUSINESS
 SUPPORT CENTER**
 90-27 Sutphin Blvd, 4th Floor
 Jamaica, NY 11435
 Monday-Friday: 9:00 a.m.-5:00 p.m.

ROSTER OF AMUSEMENT DEVICES

Please complete the form and list the names and applicable identification numbers for your amusement devices.

You must contact the Department of Buildings (DOB) Elevator Division at the relevant borough number below to schedule an appointment to have your device(s) inspected.

- Manhattan: (646) 831-9160
- Bronx: (646) 831-5790
- Brooklyn: (718) 938-0770
- Queens: (718) 938-7423
- Staten Island: (718) 938-7423

Ask the DOB Elevator Division representative if your device will also need an electrical inspection. If required, you must call or email DOB to request an electrical inspection of your device(s).

- Call the relevant borough number at:
 - Manhattan: (212) 393-2455
 - Bronx: (718) 960-4750
 - Brooklyn: (718) 802-4342
 - Queens: (718) 286-7650
 - Staten Island: (718) 420-5411
- OR
- Email a completed ELV-32 form to query@buildings.nyc.gov to request an inspection.

At the time of inspections, you should have a copy of the Roster of Amusement Devices. A DOB representative may provide you with an Amusement Device Affirmation to complete and return to DOB.

Your amusement device(s) must pass all DOB inspections before DCA can issue you a renewed license document.

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

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

Signature

Date



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**ROSTER OF
 AMUSEMENT
 DEVICES
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Office or Inspector Use Only

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

Additional Comments:

Signature _____ Print Name _____ Title _____

Telephone Number _____ Badge Number (if applicable) _____