



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
 PO BOX 808
 TRENTON NJ 08625-0808
 609-292-2097

JAMES E. MCGREEVEY
 Governor

SUSAN BASS LEVIN
 Commissioner

**TYPE CERTIFICATION APPLICATION
 FOR INFLATABLE RIDES**

Date: _____

New Application ____ , Service Proven ____ , Rides w/NJ Serial Number ____
 (Check off one, note for service proven and rides w/NJ serial # only one ride per application)

____ Amended Type Certification
 _____ Type Certification Number if Amended Type Certification Application

General Section:

Manufacturer: _____

Address: _____

Phone: _____

Fax: _____

E-mail _____

Contact Person for Manufacturer: _____

 Signature

 Title

Please attach a check for \$200 or \$400 (if engineering review is required) per application made payable to the "Treasurer, State of New Jersey".
 Applications will not be processed unless payment is enclosed.
 Fill out both pages and submit to address above.

Carnival Amusement Ride Safety Unit

Our Mission: To Assure Public Safety On All Amusement Rides



