

REGISTRATION FORM FOR AN AMUSEMENT DEVICE

OWNER DETAILS

Name of Owner:	
Mailing Address:	
Telephone:	

AMUSEMENT DEVICE DETAILS

Type of Amusement Device:			
Model Number:		Serial Number:	
Name of Manufacturer:		Year Manufactured:	
Date Purchased:		New or Used:	
Name of Previous Owner:			
Maximum Number of Persons:		Maximum Speed:	R.P.M.
Type of Drive:	Gasoline: <input type="checkbox"/> Electric: <input type="checkbox"/>		

SUBMITTED BY:

Date:			
Title:		Signature:	

OFFICE USE ONLY

Registration Number:		Date Issued:	
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Note:

1. A separate form must be completed for each amusement device.
2. Each amusement device must be registered before it is put into operation.