

AMUSEMENT ATTRACTION REGISTRATION FORM (Non-Inflatable)

The Owner of a new amusement attraction operating in Maryland must complete this registration form before a State Registration Number is issued and the required inspections are performed.

- Do not use this form for registering Inflatable attractions. They are registered separately.
- Please include the Serial number, which is a manufacturer-issued or owner-issued unique identifying number.
- When completed, please mail or save/scan and E-mail to addresses above, or fax to 410-333-7683.

Owner Identification

Ride Type:

Year Built:

NEW COMPANY

Name of Amusement Ride Company:								
Owner / Representative Name:								
Street Address:					City:			
State:	Zip Code:		Email:					
Phone:		Cell:			Fax:			
Signature of Owner/Authorized Representative:								

Ride Types: CR=Carnival Ride PR=Park Ride BR=Boat Ride GK=Go-Kart HH=Haunted House SL=Ski Lift SI = Simulator WS=Water Slide ER=Escape Room LT=Laser Tag RW=Rock Wall RC=Ropes Course

Amusement Attraction Information

Ride Name:			Manufacturer:					
Serial Number:				Speed:	Capacity:			
Ride Type:	Year Built:	Previou	revious Owner (if purchased used):					
Ride Name:			Manufacturer:					
Serial Number:				Speed:	Capacity:			
Ride Type:	Year Built:	Previou	s Owner (if purchased used):					
Ride Name:			Manufacturer:					
Serial Number:				Speed:	Capacity:			
Ride Type:	Year Built: Previous Owner (if purchased used):			urchased used):				
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Ride Name:			Manufacturer:					
Serial Number:				Speed:	Capacity:			
Ride Type:	Year Built:	Previou	s Owner (if purchased used):					
Ride Name:			Manufacturer:					
Serial Number:				Speed:	Capacity:			

Previous Owner (if purchased used):

Ride Name:			Manufacturer:				
Serial Number:				Speed: Capacity:			
Ride Type:	Year Built:	Previou	Previous Owner (if purchased used):				
Ride Name:			Manufacturer:				
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previou	s Owner (if purchased used):				
Ride Name:			Manufacturer:				
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previous Owner (if purchased used):					
Ride Name:			Manufacturer:				
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Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previou	Previous Owner (if purchased used):				
Ride Name:			Manufacturer:				
Serial Number:				Speed:	Capacity:		
Ride Type:	Year Built:	Previou	vious Owner (if purchased used):				

DIVISION OF LABOR & INDUSTRY AMUSEMENT RIDE SAFETY INSPECTION 10946 GOLDEN WEST DRIVE, SUITE 160 HUNT VALLEY, MD 21031 Telephone Number: (410) 767-2348 • Fax Number: (410) 333-7683 E-mail: AR.Request@maryland.gov