



DIVISION OF LABOR & INDUSTRY
 AMUSEMENT RIDE SAFETY INSPECTION
 10946 GOLDEN WEST DRIVE, SUITE 160
 HUNT VALLEY, MD 21031

AMUSEMENT ATTRACTION INSPECTION REQUEST FORM

30 DAY NOTICE REQUIRED

Does the filing of this inspection request form provide the Commissioner with at least 30 days of advance notice of the need for INSPECTION as required by law? YES NO If no, you must provide a written explanation:

Forward Completed Form and Required Documentation To Below Address.

IN ACCORDANCE WITH BUSINESS REGULATION ARTICLE, TITLE 3 AND COMAR 09.12.62, ***EACH INDIVIDUAL OWNER IS RESPONSIBLE*** FOR SUBMITTING THE REQUIRED AMUSEMENT RIDE INSPECTION INFORMATION FOR EACH PLAYING LOCATION.

Owner Identification

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

In making this request for inspection I affirm that all of the amusement attractions are covered by general liability insurance in accordance with Business Regulation Article Title 3 and that a certificate of insurance detailing the coverage was submitted to the Commissioner as required by COMAR 09.12.62

Inspection Requested for: Date: Time:

Location Information

Site Name:		Contact Person On Site:	
Site Address:		Contact Phone:	
County:	City:	Zip Code:	# of Rides:
Arrival Date:	Departure Date:		

