State of New Jersey
Department of Community Affairs
Carnival/Amusement Rides
P.O. Box 816
Trenton, New Jersey 08625
Phone (609) 292-2097

APPLICATION FOR SUPPLEMENTAL MODIFICATION CERTIFICATION

THIS APPLICATION IS TO BE COMPLETED BY THE OWNER OF THE RIDE Must have Individual approval or type certification to complete this application

Page 1 of 1

COMPANY NAME:	Phone: ()
NJ SERVICE ADDRESS:	
	_ Fax: ()
OFFICE ADDRESS	Email:
RIDE NAME:	MODEL
MANUFACTURER:	_
INDIVIDUAL APPROVAL #:	_
NJ SERIAL NUMBER: MANUFACTURI	ER SERIAL NUMBER:
licensed professional engineer;	notifications issued following the issuance of the and it's effect on original calculations, compliant with
approval or type certification and that provided wit ☐ The reason for the modifications; ☐ \$280 application fee, MAKE CHECK PAYABLE TO: T ☐ Engineering review fee, One percent of the cost of \$4196], MAKE CHECK PAYABLE TO: TREASURER, S ☐ Documents not marked as proprietary s	The this application; TREASURER, STATE OF N.J. the modification [minimum of \$140 and maximum of TATE OF N.J.
SIGNATURE	TITLE
PRINT_	DATE