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

## Soft Play Units APPLICATION FOR TYPE CERTIFICATION

THIS APPLICATION IS TO BE COMPLETED BY THE RIDE MANUFACTURER

Page 1 of 1

MANUFACTURER:		RIDE NAME	
CONTACT PERSON:		MODEL	
SERVICE ADDRESS:		Ph	none: ( )
OFFICE / MANUFACTURING ADDRESS:		Cell: ( )	
OTHER INTERESTED PARTY:		Fax: ( ) Email:	
☐ Maintenance, of ☐ Flame resistand ☐ Height, weight ☐ Structure integ     ASTM F1918-     N.J.A.C. 5:14A ☐ Quality Assura ☐ Illustration and ☐ A statement th ☐ \$280 application	pperation and erection/assembly mar ce certification and fire safety requir , or any other rider restrictions; rity test as per ASTM F1918-12, Sec 12-10.1.1, signed and sealed by a lic A-7; ance manual as per ASTM F1193-16 I the lay out of the ride; at the ride is in compliance with AST on fee, MAKE CHECK PAYABLE TO: To view fee as per table below, MAKE C	nual, per ASTM F191 rements, per ASTM F ction 10 <b>OR</b> One set rensed professional e ;  TM F 1918-12; reasurer, state o	of design calculations as per ngineer <u>OR</u> Compliance with
Ç Ç	RIDE VALUE	FEE	
	\$ 99,999 OR LESS \$ 100,000 TO \$ 499,999 \$ 500,000 TO \$ 999,999 \$ 1,000,000 AND OVER	\$ 1,400 \$ 2,800 \$ 4,196 \$ 5,595	
Documents	not marked as proprietary	shall be consi	dered public record
SIGNATURE		TITLE	
PRINT		_ DATE	