[MANUFACTURER'S LETTERHEAD]

[Date]
Carnival Amusement Ride Safety Unit Department of Community Affairs State of New Jersey PO Box 816 Trenton, NJ 08625
RE: [TC#] - S/N [#] Registration
Dear Carnival Amusement Ride Safety Unit,
Please register serial number [#] for the "[model]" ride to Type Certification Number [TC#], previously issued to [manufacturer's name]. Date of ride fabrication is [Date].
I certify that the design of this ride has not been altered from, and the manufacturing is in conformance with, [TC#].
This serial number is assigned to the ride being furnished to [owner's name, owner's address].
Thank You,
[Signature]
[Name, Title]