

(INFLATABLE)
APPLICATION FOR TYPE CERTIFICATION
THIS APPLICATION IS TO BE COMPLETED BY
THE RIDE MANUFACTURER

MANUFACTURER: _____

RIDE NAME: _____

CONTACT PERSON: _____

MODEL: _____

SERVICE ADDRESS: _____

Phone: () _____ - _____

Cell: () _____ - _____

OFFICE / MANUFACTURING ADDRESS: _____

Fax: () _____ - _____

OTHER INTERESTED PARTY: _____

Email: _____

ENGINEERING REQUIREMENTS FOR INFLATABLE RIDES:

- Maintenance, operation and set up manual as per 5:14A-13;
- Photograph or illustration of ride;
- Height, weight, or any other rider restrictions;
- Wind and live load calculations substantiating size and number of anchors for both soft and hard surfaces, signed and sealed by a licensed professional engineer as per N.J.A.C 5:14A-13.3;
- Quality assurance manual as per ASTM, F 1193-97;
- Supporting statement as per the following, 'The manufacturer will support the ride, notify the Department of any incident, and provide all service bulletins.';
- Proof of flame resistance as per NFPA 701 large scale test or equivalent standard, As per N.J.A.C 5:14-13.3 & 13.9;
- A copy of data plate as per N.J.A.C 5:14A-13.12;
- List of serial numbers covered by this application;
- \$280 application fee, MAKE CHECK PAYABLE TO TREASURER, STATE OF N.J.
- \$280 engineering review fee, MAKE CHECK PAYABLE TO TREASURER, STATE OF N.J.

Documents not marked as proprietary shall be considered public record

SIGNATURE _____

TITLE _____

PRINT _____

DATE _____