



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
 PO BOX 816
 TRENTON NJ 08625
 609-292-2097

PHILIP D. MURPHY
GOVERNOR

LT. GOVERNOR SHEILA Y. OLIVER
COMMISSIONER

TYPE CERTIFICATION RENEWAL APPLICATION

Manufacturer: _____

Address: _____ Phone: _____
 _____ Fax: _____
 _____ E-mail: _____

Contact Person: _____

Type Certification Number: TC-

Ride Name: _____
 (Attach list of rides if needed)

Is any service bulletin issued since the original type certification was obtained? Yes No
 If yes, attach all service bulletins issued that were not sent to the Department.

By signing this form I request the renewal of the type certification for another three years and I certify that the design of the subject ride has not been changed or modified, and that the manufacturer will support the ride as per N.J.A.C 5:14A-5.7.

Name (Print): _____ Title: _____

 Signature Date: _____

Carnival Amusement Ride Safety Unit
Our Mission: To Assure Public Safety On All Amusement Rides

