

Application for Temporary Approval

Carnival-Amusement Ride Safety Unit

New Jersey Department of Community Affairs

PO Box 816 – 101 South Broad Street

Trenton, NJ 08625

PH: 609-292-2097 FAX: 609-984-7084

Project No: _____

(check one)

- Type Certification
- Individual Approval
- Amended Type Certification
- Supplemental Modification Certification

Company name: _____

Company address: _____

Name of ride: _____

Manufacturer's model designation of ride: _____

Manufacturer's serial number of ride: _____

This application is being submitted to the Department for request of temporary approval for the above referenced project. I have been notified the items listed below, which are required for completion of the above referenced application, are deficient and agree to have these outstanding items delivered to the Department by the due date noted below. I hereby acknowledge and agree, if these items are not received by the Department on or before that due date, temporary approval shall be revoked.

Date of application: _____

Name of applicant: _____

Signature of applicant: _____

Due date: _____

Deficient item(s):

- 1)
- 2)