

**DIVISION OF LABOR & INDUSTRY**

**AMUSEMENT RIDE SAFETY INSPECTION**

**10946 GOLDEN WEST DRIVE, SUITE 160  
HUNT VALLEY, MD 21031**

**AMUSEMENT ATTRACTION INSPECTION REQUEST FORM**

*30 DAY NOTICE REQUIRED*

***Does the filing of this inspection request form provide the Commissioner with at least 30 days of advance notice of the need for INSPECTION as required by law?***  ***YES***  ***NO If no, you must provide a written explanation:***

|  |
| --- |
|  |

**Forward Completed Form and Required Documentation To BelowAddress.**

IN ACCORDANCE WITH BUSINESS REGULATION ARTICLE, TITLE 3 AND COMAR 09.12.62, ***EACH INDIVIDUAL OWNER IS RESPONSIBLE*** FOR SUBMITTING THE REQUIRED AMUSEMENT RIDE INSPECTION INFORMATION FOR EACH PLAYING LOCATION.

# Owner Identification

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Amusement Ride Company: | | | | | |
| Owner / Representative Name: | | | | | |
| Street Address: | | | | City: | |
| State: | Zip Code: | | Email: | | |
| Phone: | | Cell: | | | Fax: |
| Signature of Owner/Authorized Representative: | | | | | |

In making this request for inspection I affirm that all of the amusement attractions are covered by general liability insurance in accordance with Business Regulation Article Title 3 and that a certificate of insurance detailing the coverage was submitted to the Commissioner as required by COMAR 09.12.62

# Inspection Requested for: Date:       Time:

# Location Information

|  |  |  |  |
| --- | --- | --- | --- |
| Site Name: | | Contact Person On Site: | |
| Site Address: | | Contact Phone: | |
| County: | City: | Zip Code: | # of Rides: |
| Arrival Date: | Departure Date: |  | |

The information requested below is for scheduling purposes and must be completed. Inspections are prioritized based upon the required 30 day advance notice for the rides you identify. If after the Inspection Request is submitted there are changes in playing dates, location, or if the rides will not be ready for inspection call 410-767-2348. The Amusement Ride supervisor will respond to your call. You may also email the Inspection Request Form to:

AR.Request@maryland.gov, or fax to 410-333-7683.

If this is an inflatable ride, is it 4 feet or over?

Maryland Registration Number Ride Name

|  |  |  |
| --- | --- | --- |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

Special Amusement Structures require an additional inspection by the Local Fire Marshall, contact the Local Fire Marshall directly If any of the above listed rides are defined as a Special Amusement Structure.

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Telephone Number: (410) 767-2348 • Fax Number: (410) 333-7683 REV. 1/22

E-mail: AR.Request@maryland.gov