



MARTIN O'MALLEY, Governor  
ANTHONY G. BROWN, Lt. Governor  
THOMAS E. PEREZ, Secretary

Division of Labor and Industry  
Safety Inspection Unit

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### 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 Below Address**

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 \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Signature of Owner or 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** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Location Information**

Site Name \_\_\_\_\_

Site Address \_\_\_\_\_

County \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Arrival Date \_\_\_\_\_ Departing Date \_\_\_\_\_

Number of Rides at Site \_\_\_\_\_

Contact on Site (Sponsor) \_\_\_\_\_ Phone Number \_\_\_\_\_

1100 N. Eutaw Street, Room 601  
Baltimore, MD 21201



410-767-2178 Fax 410-333-7683  
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