



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

Division of Labor and Industry  
Safety Inspection Unit

DLLR Home Page • <http://www.dllr.state.md.us>  
DLLR E-mail • [mddllr@dllr.state.md.us](mailto:mddllr@dllr.state.md.us)

### New Amusement Attraction Registration Form

The Owner of a new amusement attraction operating in Maryland must complete this registration form before a State Registration Number is issued and the required inspections are performed.

Do not fill in shaded areas.

- Please include the Serial number, which is a manufacturer-issued or owner-issued unique identifying number.

#### 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 \_\_\_\_\_

**Ride Types:** CR=Carnival Ride PR=Park Ride BR=Boat Ride IN=Inflatable GK=Go-Kart  
HH=Haunted House SL=Ski Lift WS=Water Slide

Number(s) Issued By \_\_\_\_\_ Date Number(s) Issued \_\_\_\_\_  
(Inspector / Office Staff)

#### Amusement Attraction Information

Name of Ride \_\_\_\_\_ AR Number \_\_\_\_\_

Manufacturer of Ride \_\_\_\_\_ Capacity \_\_\_\_\_ Speed \_\_\_\_\_ fpm

Serial No. \_\_\_\_\_ Ride Type: \_\_\_\_\_  New  Used

Previous Owner: \_\_\_\_\_

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Name of Ride \_\_\_\_\_ AR Number \_\_\_\_\_

Manufacturer of Ride \_\_\_\_\_ Capacity \_\_\_\_\_ Speed \_\_\_\_\_ fpm

Serial No. \_\_\_\_\_ Ride Type: \_\_\_\_\_  New  Used

Previous Owner: \_\_\_\_\_

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



410-767-2178 Fax 410-333-7721  
TTY for the Deaf 410-767-2117

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Manufacturer of Ride \_\_\_\_\_ Capacity \_\_\_\_\_ Speed \_\_\_\_\_ fpm  
Serial No. \_\_\_\_\_ Ride Type: \_\_\_\_\_  New  Used  
Previous Owner: \_\_\_\_\_

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Previous Owner: \_\_\_\_\_

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Previous Owner: \_\_\_\_\_

