State of New Jersey
Department of Community Affairs
101 South Broad Street
P.O Box 816
Trenton, New Jersey 08625
Phone (609) 292-2097

## (INFLATABLE) APPLICATION FOR TYPE CERTIFICATION THIS APPLICATION IS TO BE COMPLETED BY THE RIDE MANUFACTURER

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MANUFACTURER:		RIDE NAME:
CONTACT PERSON:		MODEL:
SERVICE ADDRESS:		Phone: ( )
OFFICE / MANUFACTURING ADDRESS:		Cell: ( )
OTHER INTERESTED PARTY:		Fax: ( ) Email:
ENGINEE	RING REQUIREMENTS FOR <u>INFL</u>	ATABLE RIDES:
	Maintenance, operation and set up manual as per 5:14A-13; Photograph or illustration of ride; Height, weight, or any other rider restrictions; Wind and live load calculations substantiating size and number of anchors for both soft and hard surfaces, signed and sealed by a licensed professional engineer as per N.J.A.C 5:14A-13.3; Quality assurance manual as per ASTM, F 1193-97; Supporting statement as per the following, 'The manufacturer will support the ride, notify the Department of any incident, and provide all service bulletins.'; Proof of flame resistance as per NFPA 701 large scale test or equivalent standard, As per N.J.A.C 5:14-13.3 & 13.9; A copy of data plate as per N.J.A.C 5:14A-13.12; List of serial numbers covered by this application; \$280 application fee, MAKE CHECK PAYABLE TO TREASURER, STATE OF N.J.	
Documents not marked as proprietary shall be considered public record		
SIGNATURE TITLE		TITLE
PRINT		DATE

ES-90G (10/14)