LOUISIANA DEPARTMENT OF PUBLIC SAFETY

PUBLIC SAFETY SERVICES

OFFICE OF STATE FIRE MARSHAL
AMUSEMENT ATTRACTION RIDE REGISTRATION

All sections of this form must be completed fully and accurately. Incomplete forms or forms missing required information will be returned to the submitter for correction, which may delay processing.

NOTE: La. R.S. 40:1484.4 requires the owner of an amusement ride or amusement attraction to register the devices with the Office of State Fire! Marshal prior to being used in the state.

REASON FOR APPLICATION:

☐ INITIAL (NEW) ☐ ANNUAL RENEWAL ☐ OWNERSHIP CHANGE ☐ ADDRESS CHANGE

AMUSEMENT DEVICE TYPE:

☐ AMUSEMENT RIDE/ATTRACTION ☐ CHECK IF DEVICE IS LOCATED AT A FIXED / PERMANENT SITE

OWNER:		**OSFM LICENSE NUMBER:** (IF APPLICABLE)	**EXPIRATION DATE:** (IF APPLICABLE)	
ADDRESS:		**CITY:**	**STATE:**	**ZIP:**
TELEPHONE:	**FAX:**	**EMAIL ADDRESS:**		

ACKNOWLEDGEMENT

The information entered on this application is true to the best of my knowledge and belief.

(NOTE: This application must be signed by the individual listed above. No stamped or preprinted signatures will be accepted.)

_____ _____

SIGNATURE **DATE**

Please mail the completed application with the documentation and payment calculated below:

- ☐ Certificate of Inspection from an OSFM licensed Third-Party Inspector. **Certificate of Inspection shall not be dated earlier than 60 days prior to the date of submission of device[s] registration application)**.
- ☐ Copy of general liability insurance (NOTE: Declaration page must list all devices that will be used in the state).
- ☐ Application fees (Pursuant to La. R.S. 40:1484.18).

NUMBER OF DEVICES	TYPE OF DEVICE		TOTAL
_____	Child or "Kiddie" rides x	$100.00	_____
_____	Adult amusement rides x	$200.00	_____
_____	Replacement registration plate(s) x	$30.00	_____
		TOTAL FEES DUE:	_____

AMUSEMENT ATTRACTION RIDE REGISTRATION

(CONTINUATION)

NAME OF LICENSED FIRM:	OSFM LICENSE NO:

NAME OF ATTRACTION / RIDE	KIDDIE / ADULT	MANUFACTURER	SERIAL NO.	YEAR BUILT	OSFM PLATE NO.	ANNUAL INSPECTION FORM ATTACHED?	
						☐ YES	☐ NO
						☐ YES	☐ NO
						☐ YES	☐ NO
						☐ YES	☐ NO
						☐ YES	☐ NO
						☐ YES	☐ NO
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						☐ YES	☐ NO
						☐ YES	☐ NO
						☐ YES	☐ NO
						☐ YES	☐ NO
						☐ YES	☐ NO

FOR ADDITIONAL DEVICES, COPY THIS PAGE AND COMPLETE