

Annual registration of each amusement ride or attraction is required prior to being operated in Pennsylvania. In completing this form, the owner is responsible for all information as to completeness and accuracy. A certificate of insurance verifying coverage in the required amounts with an Insurance Provider who is authorized to do business in the Commonwealth is also required and must be submitted to this office by the insuring agent. Failure to comply with any requirements will subject you to a penalty as provided by law.

Owner Name:			
Owner Contact Name:			
Mailing Address Street/City/State/Zip:			
Physical Location Street/City/Zip: (No PO Boxes will be accepted)		PA County	
Phone: ()		Cell Phone: ()	
Email Address: (Required)			
	Ride/Attraction Name	Manufacturer Name	Serial #
1			
2			
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I hereby certify that the facts contained in this report are true, correct and complete to the best of my knowledge and information. Note: The Amusement Ride Inspection Act (P.L. 384, No.81) 4 P.S. §416(b) provides a person who knowingly makes any false representation or certification in documents required pursuant to this Act commits a misdemeanor of the third degree and shall upon conviction, be sentenced to pay a fine not exceeding \$2500 or a term of imprisonment not exceeding six months, or both.

Signature of Owner/Rep _____ Title _____ Date _____

This Form must be returned to:

PA Department of Agriculture/Bureau of Ride and Measurement Standards/2301 North Cameron St, Harrisburg, PA 17110-9408
or by email: RA-amusementrides@pa.gov