Amusement Ride

Company Name:
Address:
Owner: $\qquad$

$\qquad$ Email:
Contact Person: Phone: $\qquad$ Email: $\qquad$
Address of FIRST site location in NE: $\qquad$
Dates of Operation: From: $\qquad$ To:

Date of Arrival on Lot: $\qquad$ Ready for Inspection Date: $\qquad$

|  | Ride Name | \# of <br> passengers | Major or <br> Kiddie | Manufacturer | Serial No. | RPM | Fees |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 1. |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |  |
| 13. |  |  |  |  |  |  |  |
| 14. |  |  |  |  |  |  |  |
| 15. |  |  |  |  |  |  |  |

NOTE: Reverse Bungee is not permitted in Nebraska
Permit Fee $=\$ 50.00$ per unit. Total Fee to be remitted with Permit Application $=\$ 50.00 x \#$ of Permits $=$ $\square$

## Required to be submitted with this Permit Application Form:

a. Nebraska Route of Events with locations and Dates (81-5203);
b. Proof of Liability Insurance (If an event provides insurance each ride must be reinspected and permitted) (81-5196, Title 228 Ch.2-005)
c. Must attach completed Nebraska Ride Inspection Checklist from a Nebraska Approved Qualified Ride Inspector for each ride on this permit.

I certify the information provided is correct.

Please make payments to Nebraska State Fire Marshal Agency, 246 S 14th St, Ste. 1, Lincoln NE 68508.

