

Amusement Ride Route Listing Form

| Company Name: Address: | | | |
|---------------------------------------|----------------------------|--|--|
| Owner: Phone | Email: | | |
| Contact Person: Phone | Email: | | |
| Address of FIRST site location in NE: | | | |
| Dates of Operation: From: | То: | | |
| Date of Arrival on Lot: | Ready for Inspection Date: | | |

List all Nebraska show locations in date order, starting with the earliest date.

| | Event Name | City | Zip | Event Organizer | Phone Number | Date of | Date of |
|-----|------------|------|-----|-----------------|--------------|---------|-----------|
| | | City | Σip | Lvent Organizer | | Arrival | Departure |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |

NOTE: Reverse Bungee is not permitted in Nebraska

Proof of Liability Insurance Information: If an event provides insurance each ride must be reinspected and repermitted as required by statute 81-5196, and by Title 228 Ch.2-005. Please indicate which events are providing their own insurance by placing an asterisk (*) next to the Event Name.

By Signing and Submitting this form, I certify the information provided is correct.

Printed Name and Title

Signature

Date

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

Equal Opportunity Program/Employer TDD: 800-833-7352

Auxiliary aids and services are available upon request to individuals with disabilities.