

## 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.