Company Name:
Address:
Owner:

Contact Person:

$\qquad$ Email: Phone: 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: $\qquad$
List all Nebraska show locations in date order, starting with the earliest date.

|  | Event Name | City | Zip | Event Organizer | Phone Number | Date of <br> Arrival | Date of <br> 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.

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.

## SUBMIT

