



**State of New Jersey**  
**DEPARTMENT OF COMMUNITY AFFAIRS**  
 101 SOUTH BROAD STREET  
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PHILIP D. MURPHY  
 GOVERNOR

TAHESHA L. WAY  
 LT. GOVERNOR

JACQUELYN A. SUÁREZ  
 ACTING COMMISSIONER

**TYPE CERTIFICATION RENEWAL APPLICATION**

Manufacturer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Fax: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**Type Certification Number:** TC- \_\_\_\_\_

**Ride Name:** \_\_\_\_\_  
 (Attach list of rides if needed)

Is any service bulletin issued since the original type certification was obtained?  Yes  No  
 If yes, attach all service bulletins issued that were not sent to the Department.

By signing this form I request the renewal of the type certification for another three years and I certify that the design of the subject ride has not been changed or modified, and that the manufacturer will support the ride as per N.J.A.C 5:14A-5.7.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date: \_\_\_\_\_

Carnival Amusement Ride Safety Unit  
*Our Mission: To Assure Public Safety On All Amusement Rides*

