



**State of New Jersey**  
**DEPARTMENT OF COMMUNITY AFFAIRS**  
 101 SOUTH BROAD STREET  
 PO BOX 817  
 TRENTON NJ 08625  
 609-292-2097

Philip D. Murphy  
 Governor

Lt. Governor Sheila Y. Oliver  
 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*

