

VARIATION APPLICATION

New Jersey Department of Community Affairs
 Carnival Amusement Ride Safety Division
 PO Box 817--101 South Broad Street
 Trenton, N.J. 08625
 609-292-2097--FAX 609-984-7084
 N.J.A.C. 5:14A-2.16

OFFICE USE ONLY

DATE APPLICATION RECEIVED		RECEIVED BY	
ENGINEER REVIEWING VARIATION			
VARIATION NUMBER		DISPOSITION OF VARIATION	
COMMENTS			

OWNER / MANUFACTURERS NAME				
ADDRESS				
CITY		COUNTY		ZIP
RIDE FOR WHICH VARIATION IS REQUESTED				
LOCATION OF RIDE				
RIDE CLASS		N.J. I.D.#		TYPE CERT. OR INDIVIDUAL APPROVAL#
MANUFACTURER			MFG. SERIAL #	
SECTION OF CARNIVAL AMUSEMENT RIDE ACT FOR WHICH VARIATION IS REQUESTED				

REQUIREMENT FROM WHICH VARIATION IS SOUGHT

MANNER IN WHICH STRICT COMPLIANCE WOULD RESULT IN PRACTICAL DIFFICULTIES

PROPOSED ALTERNATIVE TO REQUIREMENTS. Include drawings and engineering calculations when applicable.

LIST OF ATTACHED DOCUMENTATION PROVING THAT THE VARIATION WILL NOT CREATE A LESS SAFE CONDITION.

SIGNATURE AND TITLE OF AUTHORIZED AGENT