H BUTCH BROWNING

State Fire Marshal

BOBBY JINDAL

Governor

OFFICE OF STATE FIRE MARSHAL

Company name:

This form MUST be accompanied by an insurance certificate indicating compliance with the Louisiana Amusement Ride Safety Act, Title 40 R.S. Sections 1484.1-1485.8. Inspectors will be scheduled by SFM to arrive on site based upon the number and type of rides and prior inspection experience.

ITINERARY IN THE STATE OF LOUISIANA

(LIST ALL LOCATIONS, AND PLAY DATES AND THE TIME AND DAY YOU NEED AN INSPECTION PRIOR TO OPERATION. Provide directions to the location.)

CITY & MIDWAY LOCATION (Addr, Hwy, Parish etc.)	Date Inspection Requested	Number of Rides	DATES From:	To:

MECHANICAL SAFETY, 8181INDEPENDENCE BLVD., BATON ROUGE, LA. 70806
225-925-3657 FAX 225-925-3813

CITY & MIDWAY LOCATION (Addr, Hwy, Parish, etc.)	Date Inspection Requested	Number of Rides	DATES From:	To:

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225-925-3657 FAX 225-925-3813

COMPANY NAME: _____

PLEASE LIST ALL RIDES YOU INTEND TO OPERATE IN LOUISIANA FOR THE CURRENT SEASON

LA ID# Number	Ride Name	Manufacturer / Year	Ride Serial Number

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