

NOTICE OF REPAIR OR ALTERATION TO AN AMUSEMENT DEVICE

Amusement Devices Regulations 1978

To the inspector of machinery

I/WE, (full name)

being the owner of an amusement device known as a

which bears registration number

hereby notify you that the following alteration/

repair has been made to the device

As required there is attached

a. The current Certificate of Registration for the device:

b. A certificate from:

an engineer who has examined the alteration/repair.

Signature:

Full address:

Postal address:

Note:

This completed form, together with the certificates, should be sent to:

Technical Support Services

WorkSafe New Zealand

PO Box 165

Wellington 6140

For office use only

Date received: DD / MM / YEAR

Certificate of Registration issued:

Certificate (a):

Date issued: DD / MM / YEAR

Certificate (b):

Initials:

WORKSAFE NEW ZEALAND

Email: amusementdeviceregistration@worksafe.govt.nz

Phone: 04 901 4972 or 0800 030 040 Post: PO Box 165, Wellington, 6140

Website: www.worksafe.govt.nz