

Notice of repair or alteration to an amusement device

Amusement Devices Regulations 1978

Send form and certificates to:

Email: amusementdeviceregistration@worksafe.govt.nz

Post: WorkSafe New Zealand, PO Box 165, Wellington 6140

To the inspector of machinery

I/We: (full name)

being the owner of an amusement device known as a:
(type of device)

which bears registration number:

hereby notify you that the following alteration/repair has been made to the device:

As required there is attached:

1. The current Certificate of Registration for the device:

2. A certificate from: (an engineer who has examined the alteration/repair)

Signature:

Date: DD / MM / YEAR

Physical address:

Postal address: Same as above

OFFICE USE ONLY

Date received: DD / MM / YEAR

Certificate of Registration issued:

Certificate 1:

Date issued: DD / MM / YEAR

Certificate 2:

Initials: