

VARIATION APPLICATION

New Jersey Department of Community Affairs
 Carnival Amusement Ride Safety Division
 PO Box 816--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		REVIEWING ENGINEER	
VARIATION NUMBER		DISPOSITION OF VARIATION	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
SUPERVISOR SIGNATURE			
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
