



Amusements Portable Operator Location Listing

(5/25/2017)

Registered portable amusement ride operators shall submit this form to the OPS Amusements Rides and Devices Program via email or postal mail prior to operating amusement rides at the locations listed below.

Operator Information

Registration #:	Operator Name:
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Location/Event Information

Location/Event Name:			
Address:	Street:		
	City:	State:	ZIP:
Start Date & Time:			End Date & Time:
Will all of your registered devices be on-site at this event?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, include device list below)</i>	
1	<i>Device Name</i>	<i>Serial #</i>	<i>Device Name</i>

Location/Event Name:			
Address:	Street:		
	City:	State:	ZIP:
Start Date & Time:			End Date & Time:
Will all of your registered devices be on-site at this event?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, include device list below)</i>	
2	<i>Device Name</i>	<i>Serial #</i>	<i>Device Name</i>

Location/Event Name:			
Address:	Street:		
	City:	State:	ZIP:
Start Date & Time:			End Date & Time:
Will all of your registered devices be on-site at this event?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, include device list below)</i>	
3	<i>Device Name</i>	<i>Serial #</i>	<i>Device Name</i>

Location/Event Information, continued

4	Location/Event Name:							
	Address:	Street:						
		City:		State:		ZIP:		
	Start Date & Time:				End Date & Time:			
	Will all of your registered devices be on-site at this event?				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, include device list below)</i>			
	<i>Device Name</i>	<i>Serial #</i>	<i>Device Name</i>	<i>Serial #</i>				

5	Location/Event Name:							
	Address:	Street:						
		City:		State:		ZIP:		
	Start Date & Time:				End Date & Time:			
	Will all of your registered devices be on-site at this event?				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, include device list below)</i>			
	<i>Device Name</i>	<i>Serial #</i>	<i>Device Name</i>	<i>Serial #</i>				

6	Location/Event Name:							
	Address:	Street:						
		City:		State:		ZIP:		
	Start Date & Time:				End Date & Time:			
	Will all of your registered devices be on-site at this event?				<input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, include device list below)</i>			
	<i>Device Name</i>	<i>Serial #</i>	<i>Device Name</i>	<i>Serial #</i>				