

Application for registration of an amusement device

Amusement Devices Regulations 1978

Send form, photographs, certificate and fee 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)

hereby make application for registration of the device.

In support of this application I attach:

- Two photographs not less in picture size than 150 mm x 100 mm, each showing the whole of the device and taken from different positions
- The certificate of examination from an engineer who has examined the device: (name of engineer)
- The prescribed fee: \$30.00 plus GST = \$34.50
Direct debit to Westpac account **03-0251-0040-445-00**
Include your ADR number as a reference for the payment

Applicant details

Signature:

Date: DD / MM / YEAR

GST tax invoice required

Yes No

Physical address:

Postal address:

Same as above

Mobile phone:

Email:

OFFICE USE ONLY

Date received: DD / MM / YEAR

Receiver's receipt number:

Photographs:

Date issued: DD / MM / YEAR

Certificate:

Registration number:

Fee:

Date Certificate of Registration issued: DD / MM / YEAR