

## The State of New Hampshire Robert L. Quinn, Commissioner Department of Safety Tramway & Amusement Ride Safety 33 Hazen Dr Concord NH 03305

Telephone: (603) 223-4289 FAX (603)223-4294

## CHALLENGE COURSE/ZIP LINE REGISTRATION FORM

NAME (OWNER/OPERATOR)				Date of Birth:	
Permanent Mailing Address:_					
City	State	_Zip <b>P1</b>	none		
Name of Challenge Course/Zip   Company	Line			· <u> </u>	
Address if different from above:					
City	State	_Zipl	Phone		
EQUIPMENT Name & Make of Device		Serial Number	NH Identification Number	Decal Number Issued	Fee (\$130.00 Per Device)
		1			
NOTE: Where a device bears no that device by the owner or insussigned identification numbers sl	arer so that it is poss	ible to make a pos	sitive identification of		
Signature of Applicant	Date		Printed name of	applicant	
FOR OFFICIAL LISE ONLY: C	neck#		Amount of Check: 9	\$	