

Amusement Ride Application



TEXAS A&M UNIVERSITY
Environmental
Health & Safety

Event Information:

Event Name: _____
Date(s): _____ Alternate Date(s): _____
Building #: _____ Building Name: _____
Location: _____
Description of Event: _____

Sponsor Information:

Department/Organization: _____
Contact Person: _____
Email: _____ Cell Phone: _____

Ride Information:

Ride Type:

- | | | |
|---|--|---|
| <input type="checkbox"/> Mobile Carnival Ride | <input type="checkbox"/> Go-Kart | <input type="checkbox"/> Bungee Jump |
| <input type="checkbox"/> Rock/Climbing Wall | <input type="checkbox"/> Mechanical Bull | <input type="checkbox"/> Trackless Train |
| <input type="checkbox"/> Inflatable | <input type="checkbox"/> Zip Line | <input type="checkbox"/> Other – Specify: _____ |

Name of Ride: _____
Serial #: _____
TDI Compliance Sticker #: _____ Expiration Date: _____

Ride Owner/Operator:

Company Name: _____ Phone: _____
Address: _____
City/State/Zip: _____
Primary Operator: _____ Cell Phone#: _____

Proof of Financial Responsibility:

Company Name: _____ Phone: _____
Address: _____
City/State/Zip: _____
Name on Policy: _____ Account #: _____
Texas A&M University listed as a beneficiary? Yes No

Applicant Signature

Date

EHS Use Only Application #: ARP - _____
--