



STATE OF NEW MEXICO  
 REGULATION AND LICENSING DEPARTMENT  
 CARNIVAL RIDE INSURANCE PROGRAM  
 MAILING ADDRESS: P. O. BOX 25101

SANTA FE, NEW MEXICO 87504  
 TONEY ANAYA BUILDING ▪ 2550 CERILLOS ROAD, 3<sup>RD</sup> FLOOR  
 TELEPHONE: (505) 476-4853 ▪ FAX: (505) 476-4702

[http://www.rld.state.nm.us/construction/Carnival\\_Ride\\_Insurance\\_Program.aspx](http://www.rld.state.nm.us/construction/Carnival_Ride_Insurance_Program.aspx)

ANNUAL NAARSO INSPECTOR'S CERTIFICATION FORM

**NM CERTIFICATE #:** \_\_\_\_\_

**A SEPARATE 2- PAGE DOCUMENT IS REQUIRED FOR CERTIFICATION FOR EACH RIDE.**

**PART 1: TO BE COMPLETED BY THE OWNER**

Please be sure to attach:

1. a \$50 certified check or money order for the required filing fee made out to the Carnival Ride Program.
2. a copy of a current ride insurance policy or certificate of insurance indication \$3 million against liability for injury to persons arising out of the operation of the carnival ride a list of rides **WITH** year, manufacturer and ride name, serial numbers from your insurance company. Under the "Certificate Holder" the holder must be the Carnival Ride Program, State of New Mexico P. O. Box 25101, Santa Fe, NM 875404.
3. a list of rides **WITH** year, manufacturer and ride name, serial numbers from your certified inspector,
4. a copy of your NAARSO Certified Inspectors report(s), Daily log, and a copy of the NAARSO inspector card.

INSPECTION DATE: \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

RIDE NAME: \_\_\_\_\_

ADDRESS OF INSPECTION: \_\_\_\_\_

MANUFACTURER: \_\_\_\_\_ DATE BUILT: \_\_\_\_\_

RENOVATION DATE(S): \_\_\_\_\_ INSURED OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

PLEASE CHECK **ONE**:

\_\_\_\_ THIS CARNIVAL RIDE IS PERMANENTLY LOCATED AND OPERATED AT THE ABOVE ADDRESS.

\_\_\_\_ THIS CARNIVAL RIDE WILL BE OPERATED IN SEVERAL NEW MEXICO LOCATION(S). A "NOTIFICATION OF LOCATION" FORM WITH THE NECESSARY INFORMATION IS ATTACHED.

**OWNER**

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**NOTE: A COPY OF THE NAARSO CERTIFIED INSPECTOR'S REPORT MUST BE ATTACHED  
DO NOT DETACH THIS PAGE FROM PAGE ONE**

PART II **TO BE COMPLETED BY AN INDIVIDUAL CERTIFIED BY THE NATIONAL ASSOCIATION OF  
AMUSEMENT RIDE SAFETY OFFICIALS (NAARSO) AS AN INSPECTOR.**

NAME OF SHOW: \_\_\_\_\_ DATE OF INSPECTION: \_\_\_\_\_

TYPE OF INSPECTION: ANNUAL: \_\_\_\_\_ RE-INSPECTION: \_\_\_\_\_

CERTIFIED NAARSO INSPECTION COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

DATE CERTIFIED BY A NAARSO CERTIFIED RIDE INSPECTOR : \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

NAARSO CERTIFIED INSPECTOR'S NAME: \_\_\_\_\_ CERTIFICATION NO: \_\_\_\_\_

NAARSO CERTIFIED INSPECTOR'S EMAIL ADDRESS: \_\_\_\_\_

NAME OF RIDE: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE PERSONALLY INSPECTED THE ABOVE NAMED RIDE. **BASED UPON MY PHYSICAL  
INSPECTION ON THIS RIDE**, THE FOLLOWING DETERMINATIONS ARE MADE: (CHECK ONE OF THE FOLLOWING)

\_\_\_\_\_ THE RIDE MET THE ASTM STANDARDS, VOLUME F-24 STANDARDS ON AMUSEMENT  
RIDES AND DEVICES.

\_\_\_\_\_ RIDE REQUIRES NDT \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, DATE TESTED \_\_\_\_\_

\_\_\_\_\_ THE RIDE MET THE UNITED STATES CONSUMER PRODUCT SAFETY COMMISSION  
AMUSEMENT RIDE SAFETY PROGRAM STANDARDS.

\_\_\_\_\_ THE RIDE DOES NOT REQUIRE ANY REPAIRS OR REPLACEMENTS IN ORDER TO OPERATE  
SAFELY.

\_\_\_\_\_ THE RIDE REQUIRES REPAIRS OR REPLACEMENT AS LISTED BEFORE OPERATIONS CAN BEGIN IN ORDER TO  
MEET THE REQUIRED STANDARDS.

PLEASE DESCRIBE IN DETAIL ALL REPAIRS OR REPLACEMENTS REQUIRED TO MEET STANDARDS PRIOR TO  
OPERATION. (IF ADDITIONAL SPACE IS NEEDED, ATTACH A SUPPLEMENTAL SHEET OF PAPER).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF NAARSO CERTIFIED INSPECTOR**

\_\_\_\_\_  
**DATE**

