



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

SANTA FE, NM 87504
TONEY ANAYA BLDG. • 2550 CERRILLOS ROAD, 3RD FLOOR
TELEPHONE: (505) 476-4853 • FAX: (505)476-4702

http://www.rld.state.nm.us/construction/Carnival_Ride_Insurance_Program.aspx

NEW OR RENEWAL APPLICATION
CARNIVAL RIDES INSURANCE PROGRAM

INSTRUCTIONS

The following documentation is required by Sections §57-25-1 to §57-25-6 NMSA 1978, the Carnival Ride Insurance Act, for each and every ride:

1. **Notarized Original Application for new or renewal applications.** NO copies accepted. You may attach a detailed list of all your rides with **ONLY one application if multiple rides are certified.**
2. Cashier's check or money order for \$50.00 PER RIDE, payable to: *Carnival Ride Program*, and must accompany the application, or your application will be returned to you. If you have more than one ride, you can combine all the fees into one cashier's check or money order.
3. **Inspection reports by a Certified NAARSO Inspector (National Association of Amusement Ride Safety Officials);** Inspections **MUST** be done by a Class 1, II or III Inspector **ONLY**. Inspector **MUST** sign each ride inspection form and include the date of the inspection, along with the name of the ride, year, make, model and serial number of the ride. **COPY OF THE NAARSO INSPECTORS CERTIFICATION CARD MUST ACCOMPANY YOUR APPLICATION.**
4. Any and all deficiencies noted by the certified NAARSO inspector **SHALL** be corrected before you turn in an application to the office. Any and all corrections of the ride **MUST** be certified by a **certified NAARSO inspector** after the corrections of deficiencies and an inspection form shall accompany your application.
5. **Copy of Daily Inspection Log/Sheet.**
6. **Copy of the insurance policy FOR EACH RIDE, which shows at least three million dollars (\$3,000,000) in insurance liability; at least PER AGGREGATE.** The insurance policy **SHALL INCLUDE** the name of the ride, year, make, model and serial number of the ride. **EVERYTHING MUST MATCH AND BE CORRECT, OR YOUR APPLICATION WILL BE DELAYED.**
7. If you have more than one Go-Kart or Bumper Boat unit, your policy **MUST** include the number assigned and printed on the outside door frame for each individual car and/or boat unit. The number may also be on the frame of the Kart or Boat. **EACH** and **EVERY** unit must be inspected by the **Certified NAARSO Inspector**. Their 2-page report required by the state **MUST** be included. The name, year, make, model and serial for **EACH** and **EVERY** Kart and/or Boat must be listed on both the Certified NAARSO Inspector's forms and on the Insurance Policy.
8. Provide an itinerary, including all dates and addresses, of where the ride will be operating. If you add or delete dates, you must inform the Carnival Ride Insurance Program office within 10 days.
9. If you have any questions, please feel free to call Paulina Braiman-Robinson at: **(505) 476-4853**. Or you can email her at: paulina.robinson@state.nm.us.



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CERTIFICATE # _____

NAME OF RIDE **IF ONLY ONE:** _____

YEAR BUILT: _____ MAKE: _____

MODEL: _____ SERIAL #: _____

COMPANY NAME: _____ PHONE #: _____

ADDRESS: _____ FAX #: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY OWNER NAME: _____ Phone #: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

OTHER NAMES FOR THIS COMPANY (d/b/a): _____

EMERGENCY CONTACT(S) NAME: _____

PHONE #: _____

EMERGENCY CONTACT(S) NAME: _____

PHONE #: _____

IS THIS CARNIVAL RIDE PERMANENTLY LOCATED AT THE ABOVE PERMANENT ADDRESS?

_____ YES _____ NO

IF NO, WHERE IS THE RIDE TO BE LOCATED? _____

DOES COMPANY OWN THE RIDE? _____ YES _____ NO

DOES COMPANY LEASE THE RIDE? _____ YES _____ NO

IF LEASED, PLEASE PROVIDE FOLLOWING:

COMPANY LEASED FROM: _____

ADDRESS: _____ Fax #: _____

CITY: _____ STATE: _____ ZIP: _____

COMPANY OWNER NAME: _____ Phone #: _____

NAARSO CERTIFIED INSPECTOR INFORMATION:

INSPECTION COMPANY NAME: _____

INSPECTION COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE # _____ FAX # _____

NAME OF INSPECTOR: _____ PHONE # _____

NAARSO CERTIFICATION # _____ EXPIRES: _____

EMAIL: _____

NAARSO INSPECTOR CERTIFICATE CARD FOR MUST BE INCLUDED WITH APPLICATION

NAARSO Certified Inspector Signature _____ **Date** _____

NAARSO Certified Inspector Print Name

CARNIVAL OWNER'S CERTIFICATION

DO YOU EMPLOY ONE (1) OR MORE EMPLOYEES? _____ YES _____ NO

IF YES, WHAT IS YOUR WORKER'S COMPENSATION NUMBER FOR

THE STATE OF NEW MEXICO? _____

Under penalty of perjury, the above information and attached documentation/information is true and correct to the best of my knowledge.

Owner's Signature _____ **Print Name** _____ **Date** _____

Owner's Signature _____ **Print Name** _____ **Date** _____

Under penalty of perjury, I will maintain no less than three million dollars (\$3,000,000) *per occurrence*, of insurance, against liability for injury to persons arising out of the operation of any carnival ride in New Mexico. I understand if my insurance policy is cancelled or expires during my certification period, I **shall not operate** that ride for which the insurance policy is written, even if my Carnival Ride Insurance Program certificate is still valid. I **SHALL** inform the office of any expiration or cancellation of insurance immediately.

NOTARIZE DOCUMENT ON PAGE 4

NAME OF RIDE OWNER AND LOCATION OF EVENTS FORM:

The below is an **Itinerary** of when and where the carnival rides will be. **If dates and place are not available at the time of this application, then you SHALL provide the information to the Carnival Ride office immediately upon when you know it.** Attach additional sheets if necessary.

1. Event Location (i.e.: Mall, School, Park, Permanent Location): _____
Name of Ride: _____
Address of location: _____
Phone # _____ (of office that you check in with)
Phone # _____ (number YOU can be reached at)
Opening Date: _____ Closing Date: _____

2. Event Location (i.e.: Mall, School, Park, Permanent Location): _____
Name of Ride: _____
Address of location: _____
Phone # _____ (of office that you check in with)
Phone # _____ (number YOU can be reached at)
Opening Date: _____ Closing Date: _____

3. Event Location (i.e.: Mall, School, Park, Permanent Location): _____
Name of Ride: _____
Address of location: _____
Phone # _____ (of office that you check in with)
Phone # _____ (number YOU can be reached at)
Opening Date: _____ Closing Date: _____

4. Event Location (i.e.: Mall, School, Park, Permanent Location): _____
Name of Ride: _____
Address of location: _____
Phone # _____ (of office that you check in with)
Phone # _____ (number YOU can be reached at)
Opening Date: _____ Closing Date: _____

**NOTARY: ALL OWNERS' SIGNATURES MUST BE DONE
IN THE PRESENCE OF A NOTARY**

Notary Signature

Commission Expires