AMUSEMENT RIDE SAFETY INSPECTION 1100 N. EUTAW STREET, ROOM 601 BALTIMORE, MD 21201

E-mail: ARrequest@dllr.state.md.us

Amusement Attraction Inspection Request Form

	30 DA	Y NOTICE RE	QUIRED			
Does the filing of this ins of the need for INSPEC explanation:						
Forward Col IN ACCORDANCE OWNER IS RESPONSIBLE EACH PLAYING LOCATIO	FOR SUBMITTING THE	ATION ARTICL	E, TITLE 3 AN	D COMAR 09	9.12.62, EACH INDIVIDUAL	
Owner Identification						
Name of Amusement	Ride Company: Eastern	Baptist Assoc	iation			
Owner / Representative Name: Bruce C. Glisson						
Street Address: 1303 S		City: Salisbury				
State: MD	Zip Code: 21804	Email: bglisson@allenmemorial.org				
Phone: 410-742-2659	Phone: 410-742-2659 Cell: 443-944-6157					
Signature of Owner/A	uthorized Representativ	/e:				
In making this reageneral liability insurance insurance detailing the constraint of	overage was submitted	Rusiness Regulo to the Commis	ation Article	Title 3 and	that a certificate of	
Site Name:						
Site Address:						
County:	City:		Zip Code:		# of Rides:	
Arrival Date:			Departure Date:			
Contact Person On Site (Sponsor):				Phone:	_	

The information requested below is for scheduling purposes and must be completed. Inspections are prioritized based upon the required 30 day advance notice for the rides you identify. If after the Inspection Request is submitted there are changes in playing dates, location or if the rides will not be ready for inspection call 410-767-2178, also scan and send an amended Inspection Request Form to ARrequest@dllr.state.md.us, or fax to 410-333-7683.

Site Name: Maryland Registration Number	Ride Name	If this is an inflatable ride, is it 4 feet or over?
16730	Safari	Yes ⊠ No □
16729	Crayon	Yes ⊠ No □
		Yes No No

Special Amusement Structures require an additional inspection by the Local Fire Marshall, contact the Local Fire Marshall directly If any of the above listed rides are defined as a Special Amusement Structure.