

[MANUFACTURER'S LETTERHEAD]

[Date]

Carnival Amusement Ride Safety Unit  
Department of Community Affairs  
State of New Jersey  
PO Box 816  
Trenton, NJ 08625

RE: [TC#] - S/N [#] Registration

Dear Carnival Amusement Ride Safety Unit,

***(Name of the Manufacturer)*** wishes to add the following ride(s) to Type Certification number ***TC-xxxxx-xx***.

*List the ride names with the associated serial number(s).*

*These units are essentially the same design and bracketed by the design in the original type certification. They are also manufactured with our submitted Quality Assurance procedures and using the same techniques and construction as the original type certification. The rides are fabricated using NFPA 701 compliant materials.*

Thank You,

[Signature]

[Name, Title]