STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration
DIVISION OF CAPITAL PROJECTS AND PROPERTY MANAGEMENT
BUILDING CODE COMMISSION
One Capitol Hill
Providence, RI 02908-5859
(401)-222-3032 FAX 222-2599

AMUSEMENT RIDE SAFETY PROGRAM

AMUSEMENT RIDE OR DEVICE
REPORT OF LEASE ARRANGEMENT

Amusement Company: _____
Address: _____
Town: _____ State: _____

Has leased the following ride (s) or device (s) to:

Company: _____
Owner/Agent:_____
Date of Agreement:
_____

1. Name of Ride: _____ Serial # _____
   S.B.C.#:_____ Owner of Ride: _____
   Address: _____ Town-State: _____

2. Name of Ride: _____ Serial #:_____
   S.B.C. #: _____ Owner of Ride:
_____
   Address: _____ Town-State:
_____

3. Name of Ride: _____ Serial #: _____
   S.B.C. #: _____ Owner of Ride: _____
   Address: _____ Town-State: _____

The ride (s) or device (s) will be operated at the following location:
Sponsor: _____
Address: _____
Town: _____
State:_____

Lease to cover the following dates:
From: _____ To:
_____

The above ride (s) or device (s) have been leased by _____and the insurance carrier for _____ has been notified. A rider from the insurance company is attached or is on file at the State Building Commission. The undersigned Owner certifies that the ride will be operated by a properly trained operator. The Operator training Affidavit is attached herewith.

Signature of Ride Owner: _____
Signature of Lessee: _____