

STATE OF NEW MEXICO
REGULATION AND LICENSING DEPARTMENT CARNIVAL RIDE INSURANCE PROGRAM

NEW or RENEWAL APPLICATION 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. You must 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, must accompany the application or your application will be returned to you. If you have more than one ride, you can combine all 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 I, 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 inspector's certification card must accompany your application.
4. Any and all deficiencies noted by the certified NAARSO inspector shall be corrected before you turn in your application. 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 \$1 million per occurrence and \$3 million per aggregate. The insurance policy shall include the year, make, model, and serial number of each 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 email Becky Barmuta at becky.barmuta@rld.nm.gov

New or Renewal Application

Certificate # _____

Name of ride if only one. If more than one, send an attachment listing all rides.

Rides: _____

Year Built: _____ Make: _____

Model: _____ Serial #: _____

Company Name: _____ Phone #: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Company Owner Name: _____ Phone #: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Other Names for This Company (DBA): _____

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 located? _____

Does the company own the ride? Yes _____ No _____

Does the company lease the ride? Yes _____ No _____

If leased, please provide the 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 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 canceled 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.

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 Insurance Program office immediately upon your obtaining that information. Attach additional sheets if necessary.

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

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

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

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

If you have any questions, please feel free to email Becky Barmuta at becky.barmuta@rld.nm.gov