

THE AMUSEMENT RIDES SAFETY ACT 2011 CERTIFICATE OF ANNUAL INSPECTION

For submission to: Commissioner of Amusement Rides Safety

Building and Construction Authority 52 Jurong Gateway Road, #11-01

Singapore 608550

Website: http://www.bca.gov.sg/

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Name and Designation of Operating Permit Holder	Company, Address and UEN of Company (where applicable) of Permit Holder
Amusement Ride Number (ARN)	Name of Amusement Ride
Manufacturer	Date of Manufacture (dd-mmm-yyyy)
Description of Amusement Ride	Location of Amusement Ride
Codes & Standards adopted	Remarks, if any

(1)	For major	amusement	ride only	ı (NA	if not a	pplicable):
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I confirm that I have appointed and have also considered the opinion and advice of the following conformity assessor(s):

Name, Designation:	
Company:	

- (2) I certify that I have in accordance with regulation 14(2)(a) of the Amusement Rides Safety Regulations 2011 carried out an inspection of the amusement ride listed above to which the operating permit relates, and confirm that in accordance with section 46 of the Amusement Rides Safety Act 2011, the amusement ride:
 - a) conforms to the requirements prescribed under regulation 7 of the Amusement Rides Safety Regulations 2011 and satisfies the relevant conditions of the operating permit; and
 - b) is in a safe working condition and fit for operation.
- (3) I submit all information and data in the Certificate Of Annual Inspection (the "Certificate"), and all information and data in respect of and in connection with the amusement ride whether submitted now or in the future, to the Commissioner of Amusement Rides Safety, and I/we consent for the Commissioner of Amusement Rides Safety to disclose any or all such information and data to the Building and Construction Authority, and all other public sector agencies and authorities in Singapore, who may use such information and data for: (a) exercising their powers; (b) discharging their functions; and/or (c) developing and/or promoting the built environment in Singapore and persons in the built environment sector.

Name & Signature of Qualified Person	SPE Registration No.:
	Company Name:
	Company UEN:
	Tel No. / Fax No.:
	Date of Issue:

[Ver 3_Nov_2024] page 1 of 1