COMPANY NO.

State of New Jersey
Department of Community Affairs
Bureau of Code Services
PO Box 808
Trenton, New Jersey 08625-0808

APPLICATION FOR SKI LIFT REGISTRATION

(Please Type or Print all Information)

Name of Owner: _____ Date: _____

Address: _____

Street or Box No. *City* *State* *Zip Code*

Trade Name: _____

Location: _____

Phone: _____

_____ _____

(Signature - Authorized Representative) *Title*

As required by Rules on Ski Lifts, N.J.A.C. 12:175-1.9(a), an inspection fee for the purpose of registration shall be charged at the rate of $50.00 per day per inspector or for any part of any day.

A CHECK IN FULL AMOUNT FOR REGISTRATION FEES MUST ACCOMPANY THIS APPLICATION

Name of Equipment	Identification (Type of Operation)	Registration No.

INSPECTORS	NO. OF DAYS	FEE	(OFFICE USE ONLY)
		$	Total Fee: $
(Signature)		$	Cash Book Page No.:
(Signature)		$	Page _____ of _____
TOTAL			

ES-23 (R-8-83)