Permit to Operate Amusement Device Application Form



Reg No.

AMUSEMENT DEVICES REGULATIONS [FORM 4]. IN ACCORDANCE TO THE HEALTH AND SAFETY AT WORK ACT 2015.

Use this form if you want to operate fairground machinery in our district.

Application details

I/we	of	
	Applicants residential address	
hereby apply to operate		

Specify

0

at	for the period
Full address of property location	Specify dates e.g. SATURDAY 19TH MAY TO SUNDAY 20TH MAY 2017 to
	and certify that, having regard to the situation in which the
	device is erected, it can be operated without danger to persons operating or using it or in its vicinity.

Home no. include area code	Fax no. include area code
Email Address	
	Date (DD/MM/YYYY)
	include area code Email

A copy of Worksafe NZ Device Registration is attached in support of this application.

Fees and processing						
www.tcdc.govt. Please forward y	our Application and pay andel District Council	ment to:	For any enquiries District Office: Fax: Coromandel: Mercury Bay: Whangamata:	s, please contact 07 868 0200 07 868 0234 07 866 1001 07 867 2010 07 865 0060	our Customer Services Team E-mail: customer.services@tcdc.govt.nz	
Office use only	FEE	RECEIPT NO.	DATE & TIME RECEIVED.		INSEPCTION OFFICER:	