**NOTICE OF REPAIR OR ALTERATION TO AN AMUSEMENT DEVICE**

Amusement Devices Regulations 1978

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**To the inspector of machinery**

I/WE, (full name)

being the owner of an amusement device known as a

which bears registration number hereby notify you that the following alteration/repair has been made to the device

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**As required there is attached**

a. The current Certificate of Registration for the device:

b. A certificate from: an engineer who has examined the alteration/repair.

Signature:

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Full address:

Postal address:

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**Note:**

This completed form, together with the certificates, should be sent to:

Technical Support Services

WorkSafe New Zealand

PO Box 165

Wellington 6140

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**For office use only**

Date received: DD / MM / YEAR

Certificate of Registration issued:

Certificate (a):

Date issued: DD / MM / YEAR

Certificate (b):

Initials:

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**WORKSAFE NEW ZEALAND**

Email: amusementdeviceregistration@worksafe.govt.nz

Phone: 04 901 4972 or 0800 030 040  Post: PO Box 165, Wellington, 6140

Website: www.worksafe.govt.nz