


## Registration Form

New Equipment     New Registration/Owner

Annual registration of each amusement ride or attraction is required prior to being operated in Pennsylvania. In completing this form, the owner is responsible for all information as to completeness and accuracy. A certificate of insurance verifying coverage in the required amounts with an Insurance Provider who is authorized to do business in the Commonwealth is also required and must be submitted to this office by the insuring agent. Failure to comply with any requirements will subject you to a penalty as provided by law.

| Owner Name:<br>Crazy Monkey Inc.                                                 |                     |                          |                                       |
|----------------------------------------------------------------------------------|---------------------|--------------------------|---------------------------------------|
| Owner Contact Name:<br>Daniel Thompson                                           |                     |                          |                                       |
| Mailing Address Street/City/State/Zip:<br>1305 West 12th St<br>ERIE PA 16501     |                     |                          |                                       |
| Physical Location Street/City/Zip: <b>(No PO Boxes will be accepted)</b><br>Same |                     | PA County Name<br>Erie   |                                       |
| Phone: 814-450-4037                                                              |                     | Cell Phone: 814-450-4037 |                                       |
| Email Address: <b>(Required)</b> crazymonkeyerie@gmail.com                       |                     |                          |                                       |
| Ride ID #                                                                        | Attraction Name     | Manufacturer Name        | Serial #                              |
| 1                                                                                | 40' Obstical Course | HEC                      | 40' obsical course 0720HEC17706(2021) |
| 2                                                                                | 45' Obstical Course | HEC                      | 45 Obsical course 0118HEC15375(2021)  |
| 3                                                                                |                     |                          |                                       |
| 4                                                                                |                     |                          |                                       |
| 5                                                                                |                     |                          |                                       |
| 6                                                                                |                     |                          |                                       |
| 7                                                                                |                     |                          |                                       |
| 8                                                                                |                     |                          |                                       |
| 9                                                                                |                     |                          |                                       |
| 10                                                                               |                     |                          |                                       |

I hereby certify that the facts contained in this report are true, correct and complete to the best of my knowledge and information. Note: The Amusement Ride Inspection Act (P.L. 384, No.81) 4 P.S. §416(b) provides a person who knowingly makes any false representation or certification in documents required pursuant to this Act commits a misdemeanor of the third degree and shall upon conviction, be sentenced to pay a fine not exceeding \$2500 or a term of imprisonment not exceeding six months, or both.

|                                                                                     |       |         |
|-------------------------------------------------------------------------------------|-------|---------|
|  | Owner | 7/20/21 |
| Signature of Owner/Rep                                                              | Title | Date    |

This Form must be returned to:

**PA Department of Agriculture/Bureau of Ride and Measurement Standards/2301 North Cameron St, Harrisburg, PA 17110-9408**  
or by email: [RA-amusementrides@pa.gov](mailto:RA-amusementrides@pa.gov)