



ADVANCE LOCATION NOTICE

(Required: Submit a minimum of 10 working days prior to requested inspection date.)

Elevator and Amusement Device Bureau
1101 Mail Service Center
Raleigh, NC 27699-1101
Phone: 919-707-7927
Fax: 919-707-7961
Email: dol.elevatormail@labor.nc.gov

ALL DEVICES MUST RECEIVE A VALID CERTIFICATE OF OPERATION BY THE N.C. DEPARTMENT OF LABOR PRIOR TO OPERATION.

Office use ONLY
Inspector/Supervisor _____
Insurance Verified YES <input type="checkbox"/> NO <input type="checkbox"/>
INVOICE NUMBER # _____

Company Name: _____ Company ID #: _____

Company Permanent Address: _____

_____ Liability Ins. Exp. Date: _____

Company Phone/FAX: _____

Email: _____

THIS LOCATION NOTICE WILL NOT BE PROCESSED WITHOUT PROPER PLAYING LOCATION INFORMATION BELOW: (STREET ADDRESS, TOWN NAME, ZIP CODE, ETC.)

City: _____ ZIP: _____ County: _____
(Mandatory) (Mandatory)

Intended Dates of Use: _____

Requested Date of Inspection: _____ Time of Inspection: _____

Signature/Title: _____

NDT REQUIRED? Yes No

Total No. Kiddie Rides (\$100 each) _____

Total No. Adult Rides (\$100 each) _____

Total No. Inflatables/Rockwalls (\$100 each) _____

Total No. Simulators (\$100 each) _____

Total No. Waterslides (\$150 each) _____

Total No. Go Karts (\$50 each) _____

Total No. Go Kart Track (\$100 each) _____

Total No. Coasters (\$250 each) _____

WEEKEND/HOLIDAY INSPECTION FEE \$250 IN ADDITION TO INSPECTION FEES

Office use only!
GRAND TOTAL \$ _____

FOR QUESTIONS OR TO PREPAY FOR YOUR INSPECTIONS PLEASE CONTACT FINANCIAL SERVICES AT 919-707-7742 OR THE MAIN NUMBER AT 919-707-7927.

