



Commonwealth of Massachusetts

Amusement Device Inspection Request Form

Please forward this form via e-mail to amusement.itinerary.submission@mass.gov

@ least 10 days in advance of the scheduled event.

Submit a copy of the form along with appropriate payment in the form a check made payable to the Commonwealth of Massachusetts to:

Division of Occupational Licensure

Office of Public Safety and Inspection (OPSI)

1000 Washington Street, Suite 710 - Boston, MA 02118-6100

Amusement Itinerary

| | | | | | |
|---|-------------------------------------|---|-----|----------------|-------------|
| Name of Amusement Company | | | | Date Submitted | |
| Amusement Company Address | | | | | |
| Contact Name | | Contact Person's Telephone Number | | | |
| Contact Person's E-mail Address | Massachusetts Amusement License NO: | | | | |
| Fee Schedule <i>Please make check payable to the Commonwealth of Massachusetts.</i> | | | | | |
| Number of devices per location | | Inspection fee based on number of devices | | | |
| 1 to 5 devices | | \$25.00 per device. Maximum fee \$100.00. | | | |
| 6 to 9 devices | | \$200.00 | | | |
| 10 to 15 devices | | \$300.00 | | | |
| 16 to 25 devices | | \$400.00 | | | |
| 26 and greater number of devices | | \$500.00 | | | |
| Set-up Information | | | | | |
| Location | | | | | |
| Date of Requested Inspection | | Time of Requested Inspection | | | |
| Device Information | | | | | |
| No. | US I.D. No. | Device Name | No. | US I.D. No. | Device Name |
| 1. | | | 11. | | |
| 2. | | | 12. | | |
| 3. | | | 13. | | |
| 4. | | | 14. | | |
| 5. | | | 15. | | |
| 6. | | | 16. | | |
| 7. | | | 17. | | |
| 8. | | | 18. | | |
| 9. | | | 19. | | |
| 10. | | | 20. | | |