



**Commonwealth of Massachusetts**  
**Division of Occupational Licensure** MA License No. \_\_\_\_\_  
**Office of Public Safety & Inspections**  
**Amusement Device Maintenance Repair Log**

1 Federal Street – Suite 0600– Boston – MA 02110-2012

*An owner may use an alternate form provided it contains all information contained in this form.*

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Device Name & USID Number)

\_\_\_\_\_  
(Company Address)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Contact Name)

\_\_\_\_\_  
(Contact Phone Number)

\_\_\_\_\_  
(Contact Title)

\_\_\_\_\_  
(Contact E-Mail Address)

Date of Repair.	Details of work performed (attach all documentation).	Legible name and signature of person who performed the work.

Name of Certified Maintenance Mechanic:		Certification Number:		Date:	
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*Return completed form and attachments to:*

*Massachusetts Office of Public Safety & Inspections (OPSI)*  
*Attention: Amusements*  
*1 Federal Street, Suite 0600, Boston MA 02110-2012*