



**Commonwealth of Massachusetts  
Division of Professional Licensure  
Office of Public Safety & Inspections  
Amusement Device Maintenance Repair Log**

MA License No. \_\_\_\_\_

1000 Washington Street – Suite 710 – Boston – MA 02118

*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:	

*Return completed form and attachments to:*

*Massachusetts Office of Public Safety & Inspections (OPSI)  
Attention: Amusements  
1000 Washington Street, Suite 710, Boston MA 02118*