



STATE OF NEW MEXICO  
REGULATION AND LICENSING DEPARTMENT  
CARNIVAL RIDE INSURANCE PROGRAM

P. O. BOX 25101

SANTA FE, NM 87505

2550 CERRILLOS ROAD, 3<sup>RD</sup> FLOOR

TELEPHONE: (505) 476-4853 – FAX: (505)476-4619

[http://www.rld.state.nm.us/construction/Carnival\\_Ride\\_Insurance\\_Program.aspx](http://www.rld.state.nm.us/construction/Carnival_Ride_Insurance_Program.aspx)

**NEW AND/OR RENEWAL APPLICATION**  
**CARNIVAL RIDES INSURANCE PROGRAM**

**INSTRUCTIONS**

The following documentation is required by Sections §57-25-1 to §57-25-6 NMSA 1978, the Carnival Ride Insurance Act, for each and every ride:

1. **Notarized Original Application for new or renewal applications.** NO copies accepted.  
**You may attach a detailed list of all your rides with ONLY one application.**
2. Cashier's check or money order for \$50.00 PER RIDE, payable to: **Carnival Ride Program**, and must accompany the application, or your application will be returned to you. If you have more than one ride, you can combine all the fees into one cashier's check or money order.
3. **Inspection reports by NAARSO (National Association of Amusement Ride Safety Officials).** Inspection MUST be done by a Class 1, 2 or 3 Inspector ONLY. Inspector MUST sign each ride inspection form and include the date of the inspection, along with the name of the ride, year, make, model and serial number of the ride. COPY OF THE NAARSO INSPECTORS CERTIFICATION CARD MUST ACCOMPANY YOUR APPLICATION.
4. Any and all deficiencies noted by NAARSO inspector SHALL be corrected BEFORE you turn in an application to the office. Any and all corrections of the carnival ride MUST be certified by a NAARSO inspector after the corrections of deficiencies and an inspection form shall accompany your application.
5. **Copy of Daily Inspection Sheet.**
6. **Copy of the insurance policy FOR EACH RIDE, which shows at least three million dollars (\$3,000,000) in insurance PER EACH OCCURRENCE.** Each insurance policy for each ride MUST INCLUDE the name of the ride, year, make, model and serial number of the ride. EVERYTHING MUST MATCH AND BE CORRECT, OR YOUR APPLICATION WILL BE DELAYED.
7. If you have more than one Go-Kart or Bumper Boat unit, your policy MUST include the number assigned and printed on the outside door frame for each individual car and/or boat unit. The number may also be on the frame of the Kart or Boat. EACH and EVERY unit must be inspected by the NAARSO Inspector, and included on the NAARSO report. And the **NAME, YEAR, MAKE, MODEL AND SERIAL** for EACH and EVERY Kart and/or Boat must be listed on both the NAARSO Inspection form and on the Insurance Policy. This requirement applies to every other ride as well.
8. Provide an **Itinerary, Including All Dates And Addresses, Of Where The Ride Will Be Operating.** If you add or delete dates, you must inform the Carnival Ride Insurance Program office within 10 days.
9. If you have any questions, please feel free to Paulina Braiman-Robinson at: **(505) 476-4853.**  
OR you can email her at: [paulina.robinson@state.nm.us](mailto:paulina.robinson@state.nm.us).



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**NEW AND/OR RENEWAL APPLICATION  
CARNIVAL RIDES INSURANCE PROGRAM**

**CERTIFICATE #** \_\_\_\_\_

NAME OF RIDE **IF ONLY ONE:** \_\_\_\_\_

YEAR BUILT: \_\_\_\_\_ MAKE: \_\_\_\_\_

MODEL: \_\_\_\_\_ SERIAL #: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMPANY OWNER NAME: \_\_\_\_\_ Phone # \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OTHER NAMES FOR THIS COMPANY (d/b/a): \_\_\_\_\_

EMERGENCY CONTACT(S) NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

EMERGENCY CONTACT(S) NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

IS THIS CARNIVAL RIDE PERMANENTLY LOCATED AT THE ABOVE PERMANENT ADDRESS?

\_\_\_\_\_ YES \_\_\_\_\_ NO

IF NO, WHERE IS THE RIDE TO BE LOCATED? \_\_\_\_\_

DOES COMPANY OWN THE RIDE? \_\_\_\_\_ YES \_\_\_\_\_ NO

DOES COMPANY LEASE THE RIDE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF LEASED, PLEASE PROVIDE FOLLOWING:

COMPANY LEASED FROM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Fax # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COMPANY OWNER NAME: \_\_\_\_\_ Phone # \_\_\_\_\_

**NAARSO INSPECTION INFORMATION**

INSPECTION COMPANY NAME: \_\_\_\_\_

INSPECTION COMPANY ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

NAME OF INSPECTOR: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAARSO CERTIFICATION # \_\_\_\_\_ EXPIRES: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**COPY OF NAARSO CERT CARD FOR INSPECTOR MUST BE INCLUDED WITH APPLICATION**

\_\_\_\_\_  
**NAARSO Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**NAARSO Print Name**

DO YOU EMPLOY ONE (1) OR MORE EMPLOYEES? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHAT IS YOUR WORKER'S COMPENSATION NUMBER FOR  
THE STATE OF NEW MEXICO? \_\_\_\_\_

**CARNIVAL OWNER'S CERTIFICATION**

Under penalty of perjury, the above information and attached documentation/information is true and correct to the best of my knowledge.

\_\_\_\_\_  
**Owner's Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**Owner's Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Under penalty of perjury, I will maintain no less than three million dollars (\$3,000,000) *per occurrence*, of insurance, against liability for injury to persons arising out of the operation of any carnival ride in New Mexico. I understand if my insurance policy is cancelled or expires during my certification period, I **shall not operate** that ride for which the insurance policy is written, even if my Carnival Ride Insurance Program certificate is still valid. I shall inform the office of any expiration or cancellation of insurance immediately.

**NAME OF OWNER OF RIDES AND LOCATION FORM:**

The below is an **Itinerary** of when and where the carnival rides will be. **If dates and place are not available at the time of this application, then you SHALL provide the information to the Carnival Ride office immediately upon when you know it.** Attach additional sheets if necessary.

1. Event Location (i.e.: Mall): \_\_\_\_\_  
Address of location: \_\_\_\_\_  
Phone # \_\_\_\_\_ (of office that you check in with)  
Phone # \_\_\_\_\_ (number YOU can be reached at)  
Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_
  
2. Event Location (i.e.: Mall): \_\_\_\_\_  
Address of location: \_\_\_\_\_  
Phone # \_\_\_\_\_ (of office that you check in with)  
Phone # \_\_\_\_\_ (number YOU can be reached at)  
Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_
  
3. Event Location (i.e.: Mall): \_\_\_\_\_  
Address of location: \_\_\_\_\_  
Phone # \_\_\_\_\_ (of office that you check in with)  
Phone # \_\_\_\_\_ (number YOU can be reached at)  
Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_
  
4. Event Location (i.e.: Mall): \_\_\_\_\_  
Address of location: \_\_\_\_\_  
Phone # \_\_\_\_\_ (of office that you check in with)  
Phone # \_\_\_\_\_ (number YOU can be reached at)  
Opening Date: \_\_\_\_\_ Closing Date: \_\_\_\_\_

**NOTARY ALL SIGNATURES ABOVE MUST BE DONE  
IN THE PRESENCE OF A NOTARY**

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Commission Expires