



Commissioner
Singapore Civil Defence Force
HQ Singapore Civil Defence Force
91 Ubi Avenue 4
Singapore 408827

**APPLICATION FOR
FIRE AND RESCUE MANAGEMENT SYSTEM
S 3(a) OF AMUSEMENT RIDES SAFETY ACT 2011**

INSTRUCTIONS

1. This form shall be completed and signed by the applicant and appointed Competent Person (CP) responsible for the project on behalf of the applicant.
2. All forms are to be fully and correctly completed upon submission, failing which the submission shall be rejected.
3. All other documents related to the fire and rescue management works, which are required for the processing of application, are to be submitted to scdf_amusement_rides@scdf.gov.sg.
4. It may take you 5 minutes to complete this form.

SECTION 1 (To be completed by applicant)

1.	a. Type of submission Check the appropriate box (<input checked="" type="checkbox"/>)			
	<input type="checkbox"/> Major Ride <input type="checkbox"/> Other Ride <input type="checkbox"/> Major Modification			
	b. Ride Descriptions			
	c. Location of Ride			
	Name of Building /Location of Installation			
	*TS/MK No.		*Lot/Plot No.	
	Address		Postal Code	
2.	Nature of Works Check the appropriate box (<input checked="" type="checkbox"/>)			
	<input type="checkbox"/> New Ride <input type="checkbox"/> Major Modifications			
3.	History of Submission			
	Ride Reference No. (compulsory for amendment plans submission)			
	Pre-submission Consultation Reference No(s).(if any)			
	Waiver Case Reference No. (if any)			

4.	Attachments	
	I confirm that the following documents are attached :	
	Prescriptive Fire Safety Design Check the appropriate box (☒)	
	<input type="checkbox"/> One set of soft copy and 2 sets of hard copy <input type="checkbox"/> Letter of Appointment of Competent Person (CP) <input type="checkbox"/> Letter of Appointment of Fire & Rescue Coordinator (FRC) <input type="checkbox"/> CA Report (For major rides or ride with flame effect)	
5.	Appointment of Competent Persons	
	I have appointed *Mr/Ms/Mdm/Dr/Er _____ from Company Name & UEN Number _____	
	as the Competent Person and authorised *him/her to act on my behalf. * Delete where applicable	
6.	Details of *Operator/Permit Holder * Delete where applicable	
	Company Name	<u>Name & Signature</u>
	Address	
	Tel No.	
	Fax No.	Date :
SECTION II <i>(To be completed by the appointed Competent Person)</i>		
	Mode of Payment Check the appropriate box (☒)	
	<input type="checkbox"/> Credit Card	Please note that payment is to be made over the customer service counter at HQ SCDF @ 91 Ubi Ave 4, Singapore 408827
	<input type="checkbox"/> CashCard	
	<input type="checkbox"/> NETS	
Note : Kindly make payment within 4 weeks from the date of the acknowledgement letter otherwise your application shall be rejected by the system. Applications will be processed only after full payment has been made.		