



NOTIFICATION FOR RELOCATION OF AMUSEMENT RIDE

The Commissioner Singapore Civil Defence Force Central Enforcement Department 91 Ubi Avenue 4 Singapore 408827		<u>INSTRUCTIONS</u> 1. One copy of this form is to be submitted 2. If an item is not applicable it is to be indicated as "N/A" 3. *Delete accordingly	
To be completed by holder of operating permit			
1) 1/We hereby notify the Commissioner of the intended relocation of the amusement ride(s):			
Address where amusement ride(s) will be relocated no			
Postal Code : _____			
Name of event (if any)		Number of amusement ride(s) to be relocated for the same event	
Date and time of start of event		Date and time of end of event	
Expected arrival date at new location		Expected departure date from new location	
S/No	SCDF Amusement Ride Reference No.	Name of Amusement Ride	Is this a major amusement Ride?
			*Yes / No
			*Yes / No
			*Yes / No
			*Yes / No
			*Yes / No
			*Yes / No
			*Yes / No



I/We have appointed the following *competent person/ride manager to carry out the supervision of the relocation works and to inspect and certify the amusement ride(s) upon completion of the relocation works :

	Competent Person	Ride Manager
Name		
PE Reg No (for competent person)		
Company Name and UEN		
Work pass number and validity (where applicable)		
Residential Address		
Mobile No		
Email Address		
List of Amusement Ride No of amusement rides that each person is supervising, inspecting and certifying		

- Please refer to explanatory note (4). A competent person is required to carry out the supervision, inspection and certification of major amusement ride relocation, whilst for all other amusement rides, a ride manager is required.
- If there is more than one competent person or ride manager appointed who are carrying out the supervision, inspection and certification of the rides, please attach the details of the additional competent person(s) or ride manager(s) in a separate sheet.
- Please provide and attach other relevant and supporting information, if available.

2) Remarks (if any) :

Details of *Company/Individual: Name, Address, UEN of Company (where applicable)

Name, Designation & Signature of Holder of Operating Permit

UEN No.:

Email :

Office No.:

Date:

Mobile No.:

EXPLANATORY NOTES

1. This form is to be filled up by the holder of operating permit for the amusement ride to notify Commissioner of the intended relocation of the amusement ride(s)
2. This Form shall be submitted no less than 2 clear days before the date on which the relocation works are to commence.
3. Submission is to be done via one of the following means:
 - i. Email a scanned copy of the form to SCDF_Amusement_Rides@BCA.gov.sg or
 - ii. Fax to (65)68481494, followed by a confirmation phone call to (65) 68481436 or confirmation email to SCDF_Amusement_Rides@BCA.gov.sg or
 - iii. Hardcopy submission by hand during office hours.
4. Supervision of the relocation works, and inspection and certification of the amusement rides(s) upon completion of the relocation are to be carried out by :
 - I. A competent person for a major amusement ride : or
 - II. A ride manager for any other amusement ride
5. The competent person and/or ride manager appointed as mentioned in explanatory note (4) is required to issue the Certificate of Relocation for the amusement ride (s) upon completion of the relocation works,