



**FORM FOR REGISTERING AMUSEMENT DEVICES, AS MEANT IN ARTICLE 20 OF THE
DUTCH LEGISLATIVE DECREE "WARENWETBESLUIT ATTRACTIE- EN SPEELTOESTELLEN".**

Data of the PRESENT OWNER of the Amusement Device:

Company Name	:	<input type="text"/>	CRN	:	<input type="text"/>
Address (No P.O. Box)	:	<input type="text"/>			
City and Postal Code	:	<input type="text"/>			
Phone Number	:	<input type="text"/>	Mobile:	<input type="text"/>	
E-mail Address	:	<input type="text"/>			
Sort of Amusement Device	:	<input type="text"/>			
Name of the Device	:	<input type="text"/>			
Type	:	<input type="text"/>	Year of manufacturing.:	<input type="text"/>	
RAS-identificationnumber	:	<input type="text"/>			
Location of the identificationnr.	:	<input type="text"/>			
Manufacturer of the Device	:	<input type="text"/>			
Location(s) in NL where the device will be exploited during 3 months after this registration:	:	<input type="text"/>			

Data of the PREVIOUS OWNER:

Name of previous owner	:	<input type="text"/>
Address of previous owner	:	<input type="text"/>
Residence of previous owner	:	<input type="text"/>

Explanation: The mandatory registration is for enabling monitoring by the Netherlands Food and Consumer Product Safety Authority. Each Amusement Device for **prolonged use** in the Netherlands should be registered **once after** the initial set-up in the Netherlands. This obligation from the legislative decree applies to old, new and imported Amusement Devices. Additionally, the device should be certified by a registered Dutch Certification Body. Amusement Devices for temporary use in the Netherlands should be registered annually, at least 48 hours before the first set-up on Dutch territory that year, stating the above data.

This form, completed and signed, is to be sent by E-mail, Fax or Mail to:
Nederlandse Voedsel- en Warenautoriteit, Team TU Productveiligheid, Postbus 43006, 3540 AA Utrecht,
The Netherlands. Tel.: 0031 88-223 33 33, Fax.: 0031 88-223 33 34, E-mail: was@vwa.nl

Data and signature of the person that has filled in this form:

Name:	<input type="text"/>	Initials:	<input type="text"/>	Date of Birth:	<input type="text"/>
City:	<input type="text"/>	Date:	<input type="text"/>	Signature:	<input type="text"/>
