

## **Amusement Ride Schedule of Operations in Texas**(AR-102)

Required pursuant to the Amusement Ride Safety Inspection and Insurance Act and 28 Texas Administrative Code Section 5.9004, Amusement Ride operation requirements.

Mobile amusement r	ides		
Owner / Operator (insured) _			
Physical address of Owner /	Operator		
Schedule of mobile o	perations in Texas fo	or each six-month pe	riod
This information must be part 10 days in advance of each amended TDI form AR-102 additional sheets if necessary	n six-month period. Any cl 2 to TDI by the owner / op	hanges in the schedule mu	ust be submitted on an
Start date	End date	City	County
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Signature			
Owner / Operator signature			

## **Questions?**

Call the Amusement Rides Program at 512-676-6750 or email amusements@tdi.texas.gov.

## How to submit this form

For Texas Department of Insurance inspections, mail or email the completed form to:

Texas Department of Insurance Amusement Rides Program, PC-INSP P.O. Box 12030 Austin, TX 78711-2030

Email: amusements@tdi.texas.gov