



**FORM FOR REGISTERING AMUSEMENT DEVICES, AS MEANT IN ARTICLE 29 OF THE DUTCH  
LEGISLATIVE DECREE “WARENWETBESLUIT ATTRACTIE- EN SPEELTOESTELLEN 2023”.**

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**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"/>			

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**Data of the PREVIOUS OWNER:**

Name of future owner	Adress	:	<input type="text"/>		
of future owner	:	<input type="text"/>			
Residence of future 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@nvwa.nl](mailto:was@nvwa.nl)**

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**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"/>

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