



AMUSEMENT & COMMERCIAL SUPPLIER REGISTER

SHOW NAME _____

SHOW DATE _____

NAME OF OPERATOR	RIDE/DEVICE/EXHIBIT	CERTIFICATE OF CURRENCY			SHOW NOTED AS INTERESTED PART ON CERT.	NAME OF INSURER	DEVICE REGISTRATION NUMBER	WORKCOVER WORKSAFE Certificate #	SIGNATURE OF OPERATOR
		Sighted	Copy	Expiry					
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Yes <input type="checkbox"/> No				
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		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> Yes <input type="checkbox"/> No				

SHOW OFFICER NAME _____

SHOW OFFICER SIGNATURE & DATE _____

PLEASE NOTE

1. THIS FORM IS AVAILABLE AS A FILLABLE PDF ON www.agshowsnsw.org.au/downloads/ASCforms
2. SHOWS ARE TO RECORD ALL INCIDENTS IN THEIR INCIDENT REPORT BOOK AND NOTIFY SIDESHOW OPERATOR AND THE ASC OFFICE OF ANY INCIDENTS REPORTED TO THEM