

Application for Amusement Ride Inspector

500 Clinton Center Drive, Clinton, MS 39056 Telephone: 601-923-7700 Fax: 601-923-7188

Website: www.dor.ms.gov Email: amusementdecals@dor.ms.gov

Applicants must attach copies of any certificates.

Name:	Birthdate:	Social Security Number:	
Address:	City:	State:	Zip:
Email Address:	Fax Number:	Phone Number:	

QUALIFIED INSPECTORS MUST:

- I. Be certified by the National Association of Amusement Ride Safety Officials at minimum Level I inspector; or
- II. Be certified by the Amusement Industry Manufacturers and Suppliers International at minimum Level I inspector.
- III. Have twenty- four (24) months of employment experience in the field of amusement ride inspection; and
- IV. Not be the owner or operator of the ride or an employee or agent of the owner or operator.

Name of Employer:			
Address:	City:	State:	Zip:
	,		
Name of Employer:			1
Address:	City:	State:	Zip:
Name of Employer:			
Address:	City:	State:	Zip:
*If more than three employers attac	h additional form		

I hereby certify that the statements on this application are true and accurate to the best of my knowledge.

THE FOLLOWING MUST BE COMPLETED BY AN AUTHORIZED REPRESENTATIVE

QUALIFIED INSPECTORS MUST:

- I. Be certified by the National Association of Amusement Ride Safety Officials at minimum Level I inspector; or
- II. Be certified by the Amusement Industry Manufacturers and Suppliers International at minimum Level I inspector.
- III. Have twenty- four (24) months of employment experience in the field of amusement ride inspection; and
- IV. Not be the owner or operator of the ride or an employee or agent of the owner or operator.

Affidavit of Experience

l,		, certify that,		
	Name of Company/Firm Authorized Representative		Name of Applicant	

Name of Company/Firm

(Check One)

□ Insurance company amusement ride inspector

□ Governmental amusement ride inspector

has worked for

□ Operation and maintenance of amusement rides

□ Authorized representative of a recognized amusement manufacturer

Signature of Company/Firm Authorized Representative
Subscribed and sworn to before me on this day
Signature of Notary Public
Notary Public for the State of
County of
My commission expires

in the capacity below.

(Notary Seal)