



Application for Amusement Ride Inspector Certification

\$20.00 FEE MUST ACCOMPANY COMPLETED APPLICATION

Name:	Birth date:	Social Security Number (For identification purposes only):		
Address:		City:	State:	ZIP + 4:
Phone Number:	Fax Number:	Email Address:		

WAC 296-403A-170 Amusement ride inspector qualifications: An amusement ride inspector shall have the following minimum qualifications:

1. Two years experience with an insurance company as an amusement ride inspector; **or**
2. Two years experience inspecting amusement rides and enforcing amusement ride codes while employed by a state or governmental body regulating amusement rides; **or**
3. Not less than five years documented field operating and maintenance experience with amusement rides and devices, including responsibility for erection, assembly, disassembly, personnel supervision responsibility for erection, maintenance and operating functions; **or**
4. Not less than ten years document practical experience in the design, construction, maintenance, repair, field inspection and operation of amusement rides and devices as an authorized representative of a recognized amusement ride manufacturer.
5. In addition to the above criteria an amusement ride safety inspector must be certified by the department after demonstrating competency by:
 - (a) Passing a competency examination administered by the department; **or**
 - (b) Passing a test administered by the National Association of Amusement Ride Safety Officials for NAARSO Level II or other certification organizations recognized by the department, as an amusement ride inspector.

An amusement ride inspector may work without certification, as a trainee, if directly and continually supervised during the inspection process by a certified amusement ride inspector.

Name of Employer:			
Address:	City:	State:	ZIP+4:
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NOTE: You must attach a notarized affidavit F500-066-000 Affidavit for Amusement Rides or the back page of this form verifying the experience required and copies of any applicable certificates.

I hereby certify that the statements on this application are true and accurate to the best of my knowledge (See RCW 67.42 and WAC 296-403 for penalties for false statements or material misrepresentation.)

Applicants Signature: (Required)	Date:
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