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:			
Address:	City:	State:	Zip:
Name of Employer:			
Address:	City:	State:	Zip:

*If more than three employers attach additional form

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

_____ _____

Applicant's Signature Date

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

I, _____, certify that, _____
Name of Company/Firm Authorized Representative *Name of Applicant*

has worked for _____ in the capacity below.
Name of Company/Firm

(Check One)

☐ Insurance company amusement ride inspector

☐ Governmental amusement ride inspector

☐ Operation and maintenance of amusement rides

☐ Authorized representative of a recognized amusement manufacturer

(Notary Seal)

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