

**Pennsylvania Department of Agriculture  
Bureau of Ride and Measurement Standards  
Inspector Application**

Paid \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_  
Pass/Fail Date \_\_\_\_\_ Credits Earned \_\_\_\_\_  
License Sent Date \_\_\_\_\_ Exp Date \_\_\_\_\_

**This Form and payment must be returned to:**

PA Department of Agriculture  
Bureau of Ride and Measurement Standards  
2301 North Cameron St, Harrisburg, PA 17110-9408  
Phone: (717) 787-2291 Fax: (717) 783-4158  
Email: [RA-amusementrides@pa.gov](mailto:RA-amusementrides@pa.gov)

Instructions: Type or print clearly in ink- **NO PENCIL**. Complete every applicable section on this application or it will be returned. Resumes are not considered a substitute for complete answers. Application must be signed and dated at the bottom of this form for consideration.

**A check or money order payable to the Commonwealth of PA in the amount of \$50 must accompany this application.**

**Certification:**       **New**       **Renewal**       **Additional Affiliation**

Last Name		First Name		MI
Mailing Address				
City		State	Zip	County
Date of Birth	Home Phone (    )	Work Phone (    )	Email	
Highest grade of school completed <input type="checkbox"/> High School Grad <input type="checkbox"/> Higher Level (indicate below) <input type="checkbox"/> Other (indicate below)				
Other schools or training (for example: trade, vocational, armed forces or business). Give for each: the name and location (city, state, zip code of school and dates attended)				
<b>Class of Certification applying for or renewing:</b> <input type="checkbox"/> Affiliated Qualified Inspector Level 1- All Equipment (24 hours - every 3 years) <input type="checkbox"/> Affiliated Qualified Inspector Level 2- All Equipment (24 hours - every 3 years) <input type="checkbox"/> General Qualified Inspector - All Equipment (48 hours - every 3 years)		<b>Limited Affiliated Certification (16 hours – every 3 years)</b> <input type="checkbox"/> Water Attractions <input type="checkbox"/> Inflatable Amusement Attractions <input type="checkbox"/> Go Carts & Bumper Boats <input type="checkbox"/> Extreme Sports <input type="checkbox"/> Walk-through Attractions <small>Please note: certification in more than one of these categories will classify you as an Affiliated Qualified Inspector Level 1 (24 hours - every 3 years).</small>		
Name of Affiliated Company for whom you will be inspecting				
Name and Address of affiliated inspector's employer			Dates employed (month & year)	Hours worked per week
Exact Title of your position		Name of immediate Supervisor		Supervisor Phone # (    )
What knowledge, training and experience do you possess that would qualify you for the inspector level you are applying for per <b>TITLE 7. AGRICULTURE. § 139.9. Qualified inspectors.</b> ( <a href="http://www.pacode.com/secure/data/007/chapter139/007_0139.pdf">http://www.pacode.com/secure/data/007/chapter139/007_0139.pdf</a> )				

**Certification**

I certify that there are no misrepresentations or false statements in this document. All representations in this application are made subject to the criminal penalties for unsworn falsification to authorities (Pennsylvania Crimes Code, 18 Pa. C.S.A. §4904) and 7 Pa Code §139.13 (c) which provides a person who knowingly makes any false statement, representation, or certification in any application, record, report, plan or other document filed or required to be maintained pursuant to this Act commits a misdemeanor of the third degree and shall, upon conviction, be sentenced to pay a fine not exceeding \$2,500 or to a term of imprisonment not exceeding six months, or both.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_