pennsylvania
DEPARTMENT OF AGRICULTURE
AMUSEMENT RIDE SAFETY DIVISION

# Inspection Affidavit

**Inspection Affidavits must be completed prior to operation.**
Affidavits are to be reported to the Department prior to operation or if submitted by US Mail, Postmarked **48 hours** of the inspection.

**PA Owner ID#** **Business Name**

**Event Name** **Event Date**

Sponsor Contact Phone ( )

Location of Inspection-Street/City/State/Zip

**Show Dates: Start** **End**

| Item | PA Ride ID | Amusement Ride Serial # | Attraction Name (What is it registered as) | Inspection Date |
|---|---|---|---|---|
| 1 | | | | |
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## Certification

I hereby certify that the facts contained in this report are true and correct to the best of my knowledge and information; and that I give this verification subject to the provisions of Section 16(B). The Amusement Ride Inspection Act, which provides a person who knowingly makes any false statement, representation of 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 a term of imprisonment not exceeding six months, or both.

Printed Name of the Qualified Inspector Signature **Inspector ID #** Date

Printed Name and Title of Owner/Rep on site Signature Date

**This Form must be returned to:**

PA Department of Agriculture/Bureau of Ride and Measurement Standards/2301 North Cameron St, Harrisburg, PA 17110-9408
or by email: RA-amusementrides@pa.gov

Only 1 inspector per form