

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. You need to complete a separate application for **EACH** affiliation you are applying for.

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 Only**

Last Name	First Name	MI
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Email (Required) _____

Mailing Address _____

City	State	Zip
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Date of Birth	Home Phone ()	Work Phone ()
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Highest grade of school completed High School Grad Higher Level (indicate below) 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)

<p>Class of Certification applying for or renewing:</p> <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)	<p>Limited Affiliated Certification (16 hours – every 3 years)</p> <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
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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).

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
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Exact Title of your position	Name of immediate Supervisor	Supervisor Phone # ()
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What knowledge, training and experience do you possess that would qualify you for the inspector level you are applying for per **TITLE 7. AGRICULTURE. § 139.9. Qualified inspectors.** (http://www.pacode.com/secure/data/007/chapter139/007_0139.pdf)

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
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Paid Amount _____	Check _____	Inspector # _____
Test Date _____	Pass/ Fail	