

Inspector Application

Office Use Only

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

Eridii. IXA Amasementiaes								
Instructions: Complete complete answers. Application							dered a subst	itute for
A check or money order pa	yable to the Co	mmonwealth of PA ir	n the amount of \$	50 per affiliat	tion mus	st accompany	this applicat	ion.
Certification:	New	Renewal	PA Inspector	PA Inspector ID #				
Last Name			First Name					MI
Mailing Address			•					
City			State	Zip		County		
Home Phone	Work Phone		Date of Birth	<u> </u>	Email	<u>I</u>		
Highest grade of school completed	н 🔲 н	High School Grad	Higher Level (indi	Higher Level (indicate below)				
Other schools or training (for example)	nple: trade, vocatior	nal, armed forces or busines	ss). Give for each: the	e name and location	on (city, st	ate, zip code of s	school and dates a	attended)
Class of Certification applying for or renewing:			Limited Affiliated Certification (16 hours – every 3 years)					
Affiliated Qualified Inspector Level 1- All Limited Equipment (24 hours - every 3 years)		☐ Water At	☐ Water Attractions ☐ Inflatable Amusemen				ractions	
Affiliated Qualified Inspector Level 2- All Limited + Advanced Equipment (24 hours - every 3 years)		Go Carts	Go Carts & Bumper Boats Extreme Sports					
General Qualified Inspector (48 hours - every 3 years)	- All Limited + Advar	nced Equipment	☐ Walk-through Attractions ☐ Trackless Towed Attractions			ns		
Please note: A General Inspector can inspect for any company and may require additional documents with direct approval from the Department.			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).					
Company #1 Owner ID #	Name of Compan	y #1 for whom you will	be inspecting for					
Company #2 Owner ID #	Name of Company #2 for whom you will be inspecting for (additional \$50)							
Company #3 Owner ID #	Name of Company #3 for whom you will be inspecting for (additional \$50)							
What knowledge, training and exp Inspectors. (http://www.pacode				you are applying	for per TI	TLE 7. AGRICU	LTURE. § 139.9	. Qualified
I certify that there are no m	Jananaa t-t'	an on folio atatamana	Certification	h All manus ass	n4n4'	in this and!		la audebaak ka

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