

AMUSEMENT RIDE & DEVICE - LEVEL I (BASIC) INSPECTOR

Please type or legibly print all information

Last Name _____ First Name _____ Initial _____

ID Number _____ Date of Birth (Month) _____ (Day) _____ (Year) _____

Current Employer _____

Mailing Address _____

City _____ State _____ Zip _____ Phone () _____ Fax () _____

NAARSO AFFILIATION: _____ Member Number _____ Non-Member _____
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FORMAL EDUCATION:

High School Graduate or Equivalent: School _____ Other _____

College: School _____ Degree(s) _____

AMUSEMENT INDUSTRY TRAINING:

NAARSO, AREA, AIMS Seminars - List year(s) you attended _____

Other Formal Training/Education or Amusement Industry Seminar

Organization _____ Type Training _____ Hours _____

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EMPLOYMENT HISTORY (Must meet employment requirements set forth in program rules):

Current Employer _____

Date started _____ Position _____

Describe Duties _____

Former Employer _____

From/To Dates _____ Position _____

Describe Duties _____

I pledge that the information provided herein is true and correct. I understand that any false statements will prohibit my participation in any aspect of the Amusement Ride Inspector Certification Program sponsored by the National Association of Amusement Ride Safety Officials. I have read and understand the **ADMINISTRATIVE PROCEDURES AND GENERAL INFORMATION** brochure and **INSPECTOR CERTIFICATION PROGRAM RULES**. Unsuccessful applicants may not be retested for at least one hundred eighty (180) days from the date of the examination.

I pledge that the information provided herein is true and correct.

Applicant's Signature _____ Date _____

Current Employer's/Sponsor's Signature _____ Date _____

NAARSO Use Only Paid: Amount _____ Check Cash Test Number: _____