

# AMUSEMENT RIDE & DEVICE - LIMITED SPECIALTY INSPECTOR

Please type or legibly print all information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_  
ID Number \_\_\_\_\_ Date of Birth (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_  
Employer \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

## 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 \_\_\_\_  
Organization \_\_\_\_\_ Type Training \_\_\_\_\_ Hours \_\_\_\_

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

**Current** Employer \_\_\_\_\_  
Date started \_\_\_\_\_ Position \_\_\_\_\_  
Duties \_\_\_\_\_  
**Former** Employer \_\_\_\_\_  
From/To Dates \_\_\_\_\_ Position \_\_\_\_\_  
Duties \_\_\_\_\_

NAARSO AFFILIATION: \_\_\_\_ Member Number \_\_\_\_ Non-Member

I pledge that the information provided herein is true and correct to the best of my knowledge. 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.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Employer's/Sponsor's Signature \_\_\_\_\_ Date \_\_\_\_\_

NAARSO Use Only Paid: Amount \_\_\_\_\_ Check  Cash  Test Number: \_\_\_\_\_

**Examination Fees: Non-Member \$160.00 US Dollars / Member \$55.00 US Dollars**