

**APPLICATION FOR CERTIFICATION EXAMINATION
AMUSEMENT RIDE & DEVICE LEVEL II (ADVANCED) OPERATIONS**

Please type or 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 () _____

Operations Level I Certification Number _____ NAARSO Membership Number _____

AMUSEMENT INDUSTRY TRAINING

NAARSO Safety Forum - List years attended _____

AIMS Seminar - List years attended _____

Other Training/Education or Amusement Industry Seminar

Organization _____ Type Training _____ Training Hrs. _____

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VERIFICATION OF EMPLOYMENT HISTORY and REQUIRED TRAINING

Attach to this application a letter from employer(s) verifying current employment duties and status, and five (5) year employment history. Applicant must have 16 hours of NAARSO approved continuing education hours in addition to the required 16 hours of advanced Operations training classes taken prior to the exam.

I pledge that the information provided herein is true. I understand that any false statements will prohibit my participation in any aspect of the Amusement Ride Operations 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 & OPERATIONS CERTIFICATION PROGRAM RULES**. Failure to provide required documentation will delay receipt of examination results.

Signature _____ Date _____

(Please include appropriate examination fee - Make check payable to NAARSO)

OFFICE USE ONLY	PAID: Cash <input type="checkbox"/> Check <input type="checkbox"/>	TEST NUMBER: _____
	Letter From Employer <input type="checkbox"/>	Education hours verified <input type="checkbox"/>