



CERTIFICATION EXAM APPLICATION

Examination Type:	<input type="checkbox"/> Inspector	<input type="checkbox"/> Operations		
Examination Level:	<input type="checkbox"/> Limited Specialty	<input type="checkbox"/> I BASIC	<input type="checkbox"/> II ADV	<input type="checkbox"/> III SR

Last Name	First Name	Middle Initial
Current Employer		DOB
Mailing Address		
City	State/Province	Zip
ID Number XXX-XX-	Email Address:	

FORMAL EDUCATION:

High School Graduate or Equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other
College	Degree

AMUSEMENT INDUSTRY TRAINING:

NAARSO, AREA, AIMS Seminars - List year(s) attended	
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Other Formal Training/Education or Amusement Industry Seminar:

Organization	Type	Hours
Organization	Type	Hours

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

Current Employer	
Date started	Position
Describe Duties	
Former Employer	
Dates Employed	Position
Describe Duties	

Applicant must provide a verification letter upon submittal. Letter must provide details proving the applicant meets exam requirements listed in the NAARSO's *CERTIFICATION PROGRAM RULES* found on NAARSO's website. Letters must be supplied by current/past employer(s) or qualified NAARSO sponsor.

Applicant has downloaded the appropriate checklist and Certification Program Rules.

Initial here:

Applicant will be notified of eligibility upon submission of all required materials prior to the examination date.

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 (NAARSO). I have read and understand NAARSO's ***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.

Signature	Date
NAARSO Use Only	Test Number
Payment Details	