



APPLICATION FOR AMUSEMENT RIDE SAFETY INSPECTOR

AS REQUIRED BY THE STATE OF MISSOURI

PLEASE TYPE OR PRINT

GENERAL INFORMATION	
NAME	
ADDRESS	E-MAIL ADDRESS
CITY, STATE, ZIP	HOME PHONE
BUSINESS/COMPANY NAME	BUSINESS PHONE

Minimum qualifications of inspector as defined in 11 CSR 40-6.060 are as follows:
 (Please check the appropriate block and attach required documentation where applicable.)

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(A) Shall provide a resume that reflects specialized schooling or training (i.e. trade, vocational, armed forces or business) related to amusement ride industry. Provide name and location of school/training and include dates attended, subjects studied, number of classroom hours, certificate and any other pertinent data in which in your opinion helps qualify you as an approved Missouri Amusement Ride Inspector.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(B) Shall be at least twenty-one (21) years of age. Date of Birth: ____ / ____ / ____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(C) Shall possess a high school diploma or equivalent General Education Development (GED).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(D) Possess a minimum of three (3) years experience in the design, repair, operation or inspection of amusement rides and devices.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(E) Possess knowledge of the requirements of the American Welding Society pertaining to the welding of parts.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(F) Possess basic knowledge of requirements of NFPA 70, National Electrical Code, Article 525 - Carnivals, circuses, fairs and similar events.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(G) Possess basic principles of mechanical and structural engineering.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(H) Shall be familiar with nondestructive testing procedures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(I) Possess basic knowledge of the American Society for Testing and Materials (ASTM) requirements for amusement rides and devices.
OR			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(J) Shall provide documentation that inspector is certified by the National Association of Amusement Ride Safety Officials (NAARSO) to have and maintain at least a level one certification.
OR			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(K) Shall provide documentation that inspector is a member of the Amusement Industry Manufacturing and Suppliers (AIMS) and meets such qualifications as are established by the board.

References:
 List three (3) persons, who are not related to you, who have definite knowledge of your qualifications to be an approved Missouri Amusement Ride Inspector:

Name	Business/Home Address	Phone	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand that any false representation of material facts will cause denial or forfeiture of my status as a "qualified" amusement ride inspector in Missouri and subject to criminal prosecution.

 SIGNATURE OF APPLICANT _____
 DATE

**Submit application and required documentation to address listed above.
 All applicants will be notified of his/her qualification status within 30 days of receipt of this application.**