

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

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 () _____

Level I Certification Number _____
NAARSO Membership Number _____

AMUSEMENT INDUSTRY TRAINING

NAARSO Safety Forum - List years attended _____

AREA/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 attach a copy of Certificate of Completion** to verify required 32 hours of continuing education or pre-approved formal training within the past two (2) years.

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 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**. 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"/> Copy of Certificates <input type="checkbox"/>		