

STATE OF WEST VIRGINIA
 WEST VIRGINIA DIVISION OF LABOR
 AMUSEMENT RIDES/ATTRACTIONS SAFETY SECTION
 1900 KANAWHA BOULEVARD, EAST
 STATE CAPITOL COMPLEX - BUILDING 3, ROOM 200
 CHARLESTON, WV 25305
 PHONE (304) 558-7890 FAX (304) 558-2415
www.labor.wv.gov

APPLICATION FOR AMUSEMENT RIDE/AMUSEMENT ATTRACTION SPECIAL INSPECTOR

§ 42-17-3.30 Special Inspector. An inspector certified by the Commissioner and not employed by the Division.			
PERSONAL INFORMATION			
NAARSO Certification Number <i>Please attach copy of current certificate or card.</i>			
Last	First	Middle	Suffix (Mr. Ms., etc.)
List any other names used			
1. List memberships in Professional Societies and Associations:			
2. During the last seven (7) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? Yes No			
If yes, please provide reason for denial, suspension or revocation _____			
3. Do you, your employer, your employee(s) or a member of your immediate family* have an ownership interest in an Amusement Ride/Attraction, or in the business that owns, leases or operates the amusement ride/attraction that is regulate by the Division of Labor? Yes No			
If yes, please provide name and address of company _____			
4. Have you, your employer, your employee(s) or a member of your immediate family* maintained, repaired, modified, rides/attractions that you will be inspecting? Yes No			
If yes, please list the name and serial#'s of the ride(s) and/or attraction(s) _____			
* Immediate family is defined as parents, children, siblings, spouse, parents-in-law, children-in-law, grandparents, grandchildren, step-parents, step-siblings, step-children, foster children, individuals, in an in loco parentis relationship, and individuals in a legal guardianship relationship.			
CURRENT BUSINESS INFORMATION			
Business/Firm Name		DBA	
Mailing Address		Phone	
		Email	
City		State	Zip Code

EMPLOYMENT HISTORY
 LIST ALL WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB. ANY CHANGE IN DUTIES, TITLE, OR EMPLOYMENT STATUS MUST BE LISTED AS A SEPARATE JOB. IF YOU NEED ADDITIONAL SPACE, PLEASE ATTACH A SEPARATE PAGE.

1. Employer Name & Address

Type of Business	Name of Supervisor	Position Held	Employer Phone No.
Employment Dates From: _____ to _____ month/year month/year	Employment Status Paid Employment Full-time Part-time ____ Number of hours per week		

2. Employer Name & Address

Type of Business	Name of Supervisor	Position Held	Employer Phone No.
Employment Dates From: _____ to _____ month/year month/year	Employment Status ____ Paid Employment ____ Full-time ____ Part-time ____ Number of hours per week		

SIGNATURE

I hereby certify that I have read and understand the state laws and rules regulating the inspection of amusement rides. I hereby further state that I will engage in the business indicated, under the business designated herein, only during the tenure of the approval period for which this application is made. I certify that I have obtained all appropriate licenses from municipalities and counties required by West Virginia law. I also certify that all statements made on this document are true. I understand that any misstatement of facts herein may invalidate my application and registration.

Signature _____	Date _____
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Dated and signed this _____ day of _____ 20____ at _____.

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____ 20____.

Notary Public

SEAL

My Commission Expires _____