



PRINCE WILLIAM COUNTY
Department of Development Services – Building Development Division

INSPECTED “SMALL MECHANICAL RIDE” VERIFICATION

Version 2015-07-04

APPLICANT/OPERATOR _____	DATE _____
LOCATION NAME _____	PHONE _____
ADDRESS _____	
DATES OF OPERATION FROM _____ TO _____	

PROVIDER _____	PHONE _____
ADDRESS _____	

ITEM	DEVICE DESCRIPTION	SERIAL NUMBER	CERTIFICATE OF INSPECTION NUMBER	INSPECTION DATE
1				
2				
3				
4				
5				
6				
7				
8				

WARNING
 I hereby affirm that I have been provided a copy of the Virginia Amusement Device Regulations and fully understand the contents thereof; that the above listed device(s) meet the definition of a “small mechanical ride”, that they have an unexpired certificate of inspection from Virginia and that the certification is posted on or is in the vicinity of the device, visible to the public. I further affirm that I will be solely responsible for the assembly and operation of the above listed device(s).

Print Name

Signature of Applicant/Operator

Date