



AMUSEMENT DEVICE CERTIFICATION ***

Version 2024-07-01

PERMIT NUMBER _____ Choose an item. INSPECTOR _____	
APPLICANT/OPERATOR _____	DATE _____
LOCATION NAME _____	PHONE _____
ADDRESS _____	
DATES OF OPERATION	FROM _____ TO _____

TO BE COMPLETED BY APPLICANT/OPERATOR				TO BE COMPLETED BY INSPECTOR ON SITE	
ITEM	DEVICE DESCRIPTION	SERIAL NUMBER	TYPE Small Mech (SM), Adult (A), Spectacular (S)	CERTIFICATE OF INSPECTION #	INSPECTOR VERIFICATION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

***** This certification is not for Trampolines. Refer to the Trampoline Certification for Certifications of Trampolines.**

Signature of Applicant/Operator
☐ By checking this box, I agree to electronically signing this form

DATE

Signature of 3rd Party Inspector
☐ By checking this box, I agree to electronically signing this form

DATE