



PRINCE WILLIAM COUNTY  
Department of Development Services – Building Development Division

AMUSEMENT DEVICE CERTIFICATION

Version 2021-04-23

|                          |                         |
|--------------------------|-------------------------|
| PERMIT NUMBER _____      | PRIVATE 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<br>Small Mech (SM),<br>Adult (A),<br>Spectacular (S) | CERTIFICATE OF<br>INSPECTION #       | INSPECTOR<br>VERIFICATION |
| 1                                     |                    |               |   |                                      |                           |
| 2                                     |                    |               |   |                                      |                           |
| 3                                     |                    |               |   |                                      |                           |
| 4                                     |                    |               |   |                                      |                           |
| 5                                     |                    |               |   |                                      |                           |
| 6                                     |                    |               |   |                                      |                           |
| 7                                     |                    |               |   |                                      |                           |
| 8                                     |                    |               |   |                                      |                           |
| 9                                     |                    |               |   |                                      |                           |
| 10                                    |                    |               |   |                                      |                           |

\_\_\_\_\_  
Signature of Applicant/Operator

☐ By checking this box, I agree to electronically signing this form

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of 3<sup>rd</sup> Party Inspector

☐ By checking this box, I agree to electronically signing this form

\_\_\_\_\_  
DATE