



STATE OF DELAWARE
 OFFICE OF THE STATE FIRE MARSHAL
 1537 CHESTNUT GROVE ROAD
 DOVER, DELAWARE 19904-1544
 PHONE (302) 739-4447 / FAX (302) 739-3696



Attach Check or Money Order
 for Inspection Fee(s) Here.
 \$20.00 each Amusement Ride
 Up to a Maximum of \$100

AMUSEMENT RIDE SAFETY INSPECTION CERTIFICATE

(Use Separate Certificate for Each Amusement Ride)

DATE OF INSPECTION: _____

AMUSEMENT RIDE (NAME): _____

SERIAL NUMBER: _____

MANUFACTURER: _____

DATE MANUFACTURED: _____

RENOVATION DATE(S): _____

OWNER OR OPERATOR (INSURED): _____

ADDRESS:

STREET - PO BOX	CITY	STATE	ZIP CODE
_____	_____	_____	_____

PHONE NUMBER: () _____ **E-MAIL** _____

COMPANY (IF DIFFERENT FROM OWNER/OPERATOR): _____

ADDRESS:

STREET - PO BOX	CITY	STATE	ZIP CODE
_____	_____	_____	_____

PHONE NUMBER: () _____ **E-MAIL** _____

DATE OF LAST SAFETY INSPECTION IN COMPLIANCE WITH 16 DEL CODE 6404 (PRIOR TO THIS INSPECTION) DATE: _____

(THE FOLLOWING TO BE COMPLETED BY AMUSEMENT RIDE INSPECTOR)

PLEASE PRINT OR TYPE

I hereby certify the above named Amusement Ride was inspected for safety on behalf of the
 (Name of Insurance Company Providing Coverage) _____
 in compliance with the Amusement Ride Safety Inspection and Insurance Act (16 Delaware Code, Chapter 64) and at
 the time of Inspection was found (check one of the following):

To meet the Insurance Company's standards for coverage Not to meet the Insurance Company's standards for coverage

If found not to meet the standards for coverage, the following repair(s) and/or replacement(s) are necessary before the
 hereinabove identified Amusement Ride will meet those standards:
 (SPECIFICALLY DESCRIBE ALL SAFETY HAZARDS REQUIRING REPAIR OR REPLACEMENT)

- 1) _____
- 2) _____
- 3) _____

(IF ADDITIONAL SPACE IS NEEDED, ATTACH SUPPLEMENTAL SHEET) **complete reverse side**

