

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:						
**************************************						
I hereby certify the above named Amusement Ride was inspected for (Name of Insurance Company Providing Coverage) in compliance with the Amusement Ride Safety Inspection and Insu the time of Inspection was found (check one of the following):	•		ter 64) and at			
□ To meet the Insurance □ N	ot to meet the Insurance tandards for coverage	ce Company's				
If found not to meet the standards for coverage, the following repair hereinabove identified Amusement Ride will meet those standards: (SPECIFICALLY DESCRIBE ALL SAFETY HAZARDS RE	-		-			
D						
2)						

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

## AMUSEMENT RIDE SAFETY INSPECTION CERTIFICATE (continued)

AMUSEMENT RIDE

(NAME):

**SERIAL NUMBER:** 

SERIAL NUMBER.					
NAME OF INSPECTOR		NAME OF	INSPECTING CC	MPANY	
ENGINEERING DESIGNATION (II	F ANY)	STREET A	DDRESS		
SIGNATURE OF INSPECTOR		CITY	CITY STATE ZIP CODE		ZIP CODE
		( )			
OFFICE STREET ADDRESS		PHONE N	PHONE NUMBER		
CITY STATE	ZIP CODE				
( )					
PHONE NUMBER					
			Delaware State Fire	Marabal'a	Office
			Received		Once
* * * * * * * * * * * * * * * * * * * *					* * *
			HIS AMUSEMENT	RIDE	
	v location(s) and				
1)This amusement ride is permanent	y located and op	erated at:			
Street	Ci	ty/Town		Count	У
From date			To da	ate	
2)This amusement ride is scheduled t	o be operated at	the following	Delaware location(	s) on the da	ate(s)
indicated: Sponsor		Exact Location		Dates From & To	
1)		Liner Lota		24000	
2)					
3)					
5)					
(If additional space is needed, please a			1 1C 1	<u> </u>	· 1'
If after receipt of the required insurance with the filing requirements of the Dela					
the Amusement Ride Safety Inspection	and Insurance Ac	t, this Inspectio	on Certificate will be	e stamped "	RECEIVED" in
the indicated space above on the date re					
to the owner or operator at the address s	snown on this cer	inicate unless a	i unierent maning ac	Juless is sho	Jwii Delow.
OWNER OR OPERATOR:					

ADDRESS:
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STREET - P.	.O. BOX	

CITY

STATE ZIP CODE

A COPY OF THIS CERTIFICATE STAMPED "RECEIVED" MUST BE KEPT AT THE DELAWARE PREMISES WHERE THIS AMUSEMENT RIDE IS OPERATED.