

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): \$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-MAII	_					
COMPANY (IF DIFFERENT FROM OWNER/OPERATOR)	:					
ADDRESS:						
STREET - PO BOX	CITY	STATE	ZIP CODE			
PHONE NUMBER: () E-MAII	_					
DATE OF LAST SAFETY INSPECTION IN COMPLIANCE WITH 16 DEL CODE 6404 (PRIOR TO THIS INSPECTION) ***********************************						
I hereby certify the above named Amusement Ride was inspected (Name of Insurance Company Providing Coverage) in compliance with the Amusement Ride Safety Inspection and In the time of Inspection was found (check one of the following):	•		ter 64) and at			
☐ To meet the Insurance Company's standards for coverage	Not to meet the Insurance standards for coverage	ce Company's				
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)						

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

AMUSEMENT RIDE SAFETY INSPECTION CERTIFICATE (continued)

AMUSEMENT RI (NAME):	DE				
SERIAL NUMBER	R:				
NAME OF INSPECTOR		NAME OF INS	NAME OF INSPECTING COMPANY		
ENGINEERING DESIGNATION (IF ANY)		STREET ADD	STREET ADDRESS		
SIGNATURE OF I	INSPECTOR	CITY	STATI	E ZIP CODE	
OFFICE STREET ADDRESS		PHONE NUM	PHONE NUMBER		
	ADDRESS	THORE IVENI			
CITY ()	STATE ZIP	CODE			
PHONE NUMBER	1				
Delaware State Fire Marshal's Office Received Stamp ******************** SCHEDULE OF LOCATIONS AND DATES THIS AMUSEMENT RIDE WILL BE OFFERED FOR PUBLIC USE IN DELAWARE					
	(Chovy locat				
1)This amusement	(Show locat	ion(s) and date(s) for current y			
1)This amusement	ride is permanently loca	ion(s) and date(s) for current y		nty	
·	ride is permanently loca	ion(s) and date(s) for current y	vear only)	nty	
Stre	ride is permanently local et From date	ion(s) and date(s) for current y ted and operated at: City/Town	cear only) Cou To date		
Stre	ride is permanently local et From date	ion(s) and date(s) for current y	cear only) Cou To date		
2)This amusement indicated:	ride is permanently local et From date	ion(s) and date(s) for current y ted and operated at: City/Town	Cou To date ware location(s) on the		
2)This amusement indicated:	et From date ride is scheduled to be o	ion(s) and date(s) for current y ted and operated at: City/Town Derated at the following Dela	Cou To date ware location(s) on the	date(s)	
2)This amusement indicated:	et From date ride is scheduled to be o	ion(s) and date(s) for current y ted and operated at: City/Town Derated at the following Dela	Cou To date ware location(s) on the	date(s)	
2)This amusement indicated: 1) 2) 3) 4)	et From date ride is scheduled to be o	ion(s) and date(s) for current y ted and operated at: City/Town Derated at the following Dela	Cou To date ware location(s) on the	date(s)	
2)This amusement indicated: 1) 2) 3) 4) 5)	ride is permanently local et From date ride is scheduled to be of	ion(s) and date(s) for current y ted and operated at: City/Town Derated at the following Dela Exact Location	Cou To date ware location(s) on the	date(s)	
2)This amusement indicated: 1) 2) 3) 4) 5) (If additional space If after receipt of the with the filing requi the Amusement Rid the indicated space a to the owner or oper	ride is permanently localet From date From date Sponsor is needed, please attach sere required insurance policy rements of the Delaware Reservation and In above on the date received rator at the address shown	ion(s) and date(s) for current y ted and operated at: City/Town Derated at the following Dela Exact Location	To date To date Date nual fee, all are found to ating an amusement ride ertificate will be stamped arshal's Office and a cop	date(s) es From & To be in compliance for public use and 1 "RECEIVED" in y will be returned	
2)This amusement indicated: 1) 2) 3) 4) 5) (If additional space If after receipt of the with the filing requithe Amusement Rid the indicated space as	ride is permanently localet From date From date Sponsor is needed, please attach sere required insurance policy rements of the Delaware Reservation and In above on the date received rator at the address shown	city/Town City/Town	To date To date Date nual fee, all are found to ating an amusement ride ertificate will be stamped arshal's Office and a cop	date(s) es From & To be in compliance for public use and 1 "RECEIVED" in y will be returned	

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

DOC # 75-01-24-04-16 2 Updated 4/22/24