



OFFICE OF THE STATE FIRE MARSHAL

AMUSEMENT RIDE SAFETY INSPECTION CERTIFICATE



DELAWARE FIRE SERVICE CENTER
1537 CHESTNUT GROVE ROAD DOVER, DE 19904-1544
302-739-4447 / FAX 302-739-3696

Use Separate Certificate for Each Amusement Ride. Attach Check or Money Order for Inspection Fee(s):
\$100.00 each Amusement Ride Up to a **Maximum of \$400** made payable to the **State of Delaware**

Date of Inspection: _____

Amusement Ride / Name: _____

Serial Number: _____ Manufacturer: _____

Date Manufactured: _____ Renovation Date(s): _____

Owner/Operator (Insured): _____ Phone No.: _____

Address: _____

Email: _____

Company: *(If Different Than Owner)* _____ Phone No.: _____

Address: _____

Email: _____

Date of Last Safety Inspection in Compliance with 16 DEL CODE 6404
(Prior to this Inspection) _____

THE FOLLOWING TO BE COMPLETED BY AMUSEMENT RIDE INSPECTOR

I hereby certify the above named Amusement Ride was inspected for safety on behalf of the
Name of Insurance Company _____

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 herein above identified Amusement Ride will meet those standards:

SPECIFICALLY DESCRIBE ALL SAFETY HAZARDS REQUIRING REPAIR OR REPLACEMENT

1. _____
2. _____
3. _____

