



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. _____

AMUSEMENT RIDE SAFETY INSPECTION CERTIFICATE (CONTINUED)

AMUSEMENT RIDE
(NAME): _____

SERIAL NUMBER: _____

NAME OF INSPECTOR	NAME OF INSPECTING COMPANY		
ENGINEERING DESIGNATION (IF ANY)	STREET ADDRESS		
SIGNATURE OF INSPECTOR	CITY	STATE	ZIP CODE
OFFICE STREET ADDRESS	PHONE NUMBER		
CITY STATE ZIP CODE	<div style="border: 1px solid black; width: 150px; height: 80px; margin: 0 auto;"></div> Delaware State Fire Marshal's Office Received Stamp		
PHONE NUMBER			

SCHEDULE OF LOCATIONS AND DATES THIS AMUSEMENT RIDE
WILL BE OFFERED FOR PUBLIC USE IN DELAWARE
(Show location(s) and date(s) for current year only)

1) This amusement ride is permanently located and operated at:

Street	City/Town	County
From date	To date	

2) This amusement ride is scheduled to be operated at the following Delaware location(s) on the date(s) indicated:

	Sponsor	Exact Location	Dates From & To
1)			
2)			
3)			
4)			
5)			

(If additional space is needed, please attach supplemental sheet)

If after receipt of the required insurance policy, inspection certificate and annual fee, all are found to be in compliance with the filing requirements of the Delaware Rules and Regulations for operating an amusement ride for public use and the Amusement Ride Safety Inspection and Insurance Act, this Inspection Certificate will be stamped "RECEIVED" in the indicated space above on the date received by the Delaware State Fire Marshal's Office and a copy will be returned to the owner or operator at the address shown on this certificate unless a different mailing address is shown below.

OWNER OR OPERATOR: _____

ADDRESS: _____
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.