

Inspection Affidavits must be completed prior to operation.

Affidavits are to be reported to the Department prior to operation or if submitted by US Mail, Postmarked **48 hours** of the inspection.

PA Owner ID#		Business Name		
Event Name		Event Date		
Sponsor Contact		Phone		
Location of Inspection-Street/City/State/Zip				
Show Dates: Start		End		
Item	PA Ride ID	Amusement Ride Serial #	Attraction Name (What is it registered as)	Inspection Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Certification

I hereby certify that the facts contained in this report are true and correct to the best of my knowledge and information; and that I give this verification subject to the provisions of Section 16(B). The Amusement Ride Inspection Act, which provides a person who knowingly makes any false statement, representation of certification in any application, record report, plan or other document filed or required to be maintained pursuant to this Act commits a misdemeanor of the third degree and shall, upon conviction, be sentenced to pay a fine not exceeding \$2,500 or a term of imprisonment not exceeding six months, or both.

Printed Name of the Qualified Inspector	Signature	Inspector ID #	Date
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Printed Name and Title of Owner/Rep on site	Signature		Date
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This Form must be returned to:

PA Department of Agriculture/Bureau of Ride and Measurement Standards/2301 North Cameron St, Harrisburg, PA 17110-9408
or by email: RA-amusementrides@pa.gov