



## Inspection Affidavit

**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.

<b>PA Owner ID#</b>		<b>Business Name</b>		
<b>Event Name</b>		<b>Event Date</b>		
Sponsor Contact		Phone		
Location of Inspection-Street/City/State/Zip				
<b>Show Dates:    Start</b>				
<b>End</b>				
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	<b>Inspector ID #</b>	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](mailto:RA-amusementrides@pa.gov)

Only 1 inspector per form