



Certification Test Application

RIDE INSPECTOR

Level I - ARI Level II - CRI Level III - PRI

Fill in electronically or clearly print the following:

Today's Date: _____
month / day / year

Test Date: _____
month / day / year

Last Name: _____

Date of Birth: _____
month / day / year

First Name: _____

Middle Initial: _____

Work Address: (Required) Use for correspondence

Home Address: (Required) Use for correspondence

Work Phone: () _____

Cell Phone: () _____

Email: _____

Last 4 digits of SS# _____

Submit the following required items with your application

Education: Level I Applicants may submit a high school diploma, college diploma, or GED (General Equivalency Diploma). Please attach a copy of your diploma or certificate **or** required proof of experience. *If documentation of education cannot be provided and employer cannot verify education, applicant must provide proof of current employment in the ride inspector field for a minimum of 36 months.*

Level II Applicants: Applicant must provide verification of receipt of 8 CEU from attending amusement industry or other applicable seminars or education. Applicant must hold a current Inspector Level I certification.

Level III Applicants: Applicant must provide verification of receipt of 12 CEU from attending amusement industry or other applicable seminars or education. Applicant must hold a current Inspector Level II certification.

Industry Experience: Applicant must provide proof of current employment in the amusement inspection field:

Level I - 12 months, (**36 months if no proof of education**), **Level II** - 36 months, **Level III** – 120 months. Please attach a letter from your employer.

Eye Exam: Applicant must show evidence of passing an eye exam within the previous 6 months.

Current Employer: _____ Location: _____ Position: _____

Hire Date: _____ Supervisor: _____ Phone: () _____
month / day / year

Refer to the AIMS Certification Program for specific requirement

Please list the names of rides or type that you have personally inspected in the last two years:

AIMS RIDE INSPECTOR APPLICATION - Eye Examination:

The following *three* sections are to be completed by the eye examiner

1. PLEASE PRINT CLEARLY

Applicant's Name: _____ Date of Exam: _____

Examiner Name: _____ Phone Number: _____

Examiner Address: _____

City: _____ ST: _____ ZIP: _____

EXAMINER PROFESSIONAL STATUS *(please check only one):*

Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

Examiner Signature: _____ License/Qualification #: _____

2. VISION ACUITY RESULTS:

	Please verify the customer's close vision acuity to Jaeger J2 (or equivalent) specifications at a distance of 20 inches or greater: <i>(please check one of the following)</i>
<input type="checkbox"/>	Both eyes require corrected vision to J2.
<input type="checkbox"/>	Only one eye needs corrected vision.
<input type="checkbox"/>	No correction is required.

3. COLOR PERCEPTION RESULTS:

	Through a color perception examination, is the applicant colorblind? <i>(please check one of the following).</i>
<input type="checkbox"/>	NO, applicant is not color blind
<input type="checkbox"/>	YES, applicant is color blind (A letter from the employer's supervisor stating acknowledgement of this results is required before testing)

I hereby certify that the above information is true and correct. I have read the current Code of Ethics and the AIMS Certification Program and agree to follow it in the discharge of my duties. I understand that any false statements will disqualify me for AIMS certification. I will provide documentation for both education and industry experience in the amusement industry along with this application. I will provide a copy of my current Level I certificate if requested and 8 CEU if requested if I plan to sit for the Inspector Level II exam, or a copy of my current Level II certificate if requested and 12 CEU if requested if I plan to sit for the Inspector Level III exam. I am submitting an eye exam signed by an authorized examiner.

Signature of Applicant

Date

TEST FEE: With Seminar Registration: ARI \$75; CRI \$125; PRI \$175. Non-seminar: ARI \$125; CRI \$175.

Please indicate Payment Type Below:

Cash Ck# _____ Amt. _____ Credit Card No.: _____ Exp: _____
month / year

Card Holder's Name: _____ CVV: _____ On-line w/Registration

<i>For Office Use Only</i>	
<input type="checkbox"/> App. <input type="checkbox"/> Empl. <input type="checkbox"/> Edu. <input type="checkbox"/> Payment <input type="checkbox"/> Level I(II) Cert. <input type="checkbox"/> Eye Exam	_____ CEU(years used)