

TEXAS DEPARTMENT OF INSURANCE

333 Guadalupe, P. O. Box 149104-Mail Code 103-9A Austin, Texas 78714-9104 (512) 322-3435 Fax (512) <u>305-7425</u> [304-7425]

Amusement Ride Certificate of Inspection/Reinspection

Required for each ride, pursuant to Texas Occupations Code, Chapter 2151, Amusement Ride Safety Inspection and Insurance Act and 28 Texas Administrative Code §§5.9004 -- 5.9014, Amusement Ride Rules, along with a \$40 per ride filing fee and picture of the ride in an operable state taken at the time of the inspection. [(PLEASE DO NOT USE STAPLES ON PICTURES).]

Owner/Operator Information

Owner/Operator (Insured)					
Address					
[St./P. O. Box	City	State	Zip Code]		
Telephone Number ()	-				
	Amusement Ride	Information			
Amusement Ride Name	Serial Nur	Serial Number			
Manufacturer	Date Manufactured				
Date of Last Overhaul or Renovation	Date of L	ast (previous) Inspectio	n		
Amusement Ride Classification: () A Ride designed primarily () B Ride other than Class A	•	s of age or younger with a fixe	ed location		
Amusement Ride II	nspector Shall Compl	ete the [The] Followin	g Statement		
I hereby certify that the above described Amusement RideInsurance Company and the inspection requ		•	·		
INSPECTOR: DO NOT USE STAPLES ON PICTURE	S. PICTURE PAGE MUST	HAVE BUSINESS NAME /	RIDE NAME / SERIAL	NUMBER AND DATE	
PICTURE IS TAKEN.					
Signature of Inspector		Date			
Name and Title of Inspector					
Inspection Company					
Address_					
[St./P. O. Box	City	State	Zip Code]		
Telephone Number()	<u>Ce</u>	ll Number ()	-		
Αι	uthorization of the Ins	urance Company			
Name and Title (print)					
Signature of Authorized Insurance Company Represe	ntative				
			Telephone Numb	<u>Der</u>	
TDI Amusement Ride Validation Stamp [-]		TDI Inspection Sticker Number			