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 ____________________________________________

[SLIP-O. BOX] [City] [State] [ZIP Code]

Telephone Number (_____ ) ________ - ________________

Amusement Ride Information

Amusement Ride Name ___________________________ Serial Number ______________________

Manufacturer ___________________________ Date Manufactured ______________________

Date of Last Overhaul or Renovation ________________ Date of Last (previous) Inspection ________________

Amusement Ride Classification:

( ) A Ride designed primarily for use by children 12 years of age or younger with a fixed location

( ) B Ride other than Class A

Amusement Ride Inspector Shall Complete the [The] Following Statement

I hereby certify that the above described Amusement Ride was inspected/reinspected in an operable state and meets the standards and requirements of _______ Insurance Company and the inspection requirements as set forth in 28 TAC §§5.9001 – 5.9014 and in Chapter 2151, Texas Occupations Code.

INSPECTOR: DO NOT USE STAPLES ON PICTURES. 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 ____________________________

[SLIP-O. BOX] [City] [State] [ZIP Code]

Telephone Number (_____ ) ________ - ________________ Cell Number (_____ ) ________ - ________________

Authorization of the Insurance Company

Name and Title (print) __________________________________________

Signature of Authorized Insurance Company Representative ________________

Telephone Number __________________________________________

TDI Amusement Ride Validation Stamp [ ]

TDI Inspection Sticker Number __________________________