FAIR	Division o	Department of Agriculture and C f Consumer Services/Bureau of EQUEST FOR TEMPORARY AN INSPECTION OR RE-INSPE	Fair Rides Inspection	IT			
WILTON SIMPSON COMMISSIONER Sections 616.242(6), (8), Florida Statutes, Rule 5J-18.0012, Florida Administrative Code Phone: 1-800-435-7352; Fax: 850-410-3797 FairRides@FDACS.gov							
Section 1 - Company Information:		Permit Inspection Re-Inspection					
Name of Company		Name of Owner or Manager		Telephone #			
Mailing Address		Email		Fax #			
Section 2 - Inspection/Event Informatio	n:						
Event Name			Exact Location of Event				
Event Contact (Name)		Event Contact (Number)		Event Contact (Email)			
Inspection Date/Time Requested Section 3 - Ride Information (continued on next page)		Date Arrive on Site	Event (Event Open Date & Time/Close Date			
Ride Name	USAID #	Manufacturer Name	Serial #	Ride Owner			
1.							
2.							
3.							
4.							
5.							
6.							

Ride Name	USAID #	Manufacturer Name	Serial #	Ride Owner
7.				
8.				
9.				
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22.				

I request inspection / re-inspection of amusement rides listed above.