FAIR	Division o	Department of Agriculture and C f Consumer Services/Bureau of EQUEST FOR TEMPORARY AN INSPECTION OR RE-INSPE	Fair Rides Inspection	т		
NICOLE "NIKKI" FRIED COMMISSIONER	Sections 61	6.242(6), (8), Florida Statutes, Rule 5J-18.0012, Phone: 1-800-435-7352; Fax: 850-410 FairRides@FDACS.gov	Florida Administrative Code			
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 0	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.				
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22.				

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