



Florida Department of Agriculture and Consumer Services
Division of Consumer Services/Bureau of Fair Rides Inspection

FAIR RIDES REQUEST FOR ANNUAL PERMIT INSPECTION OR RE-INSPECTION

Sections 616.242(5), (7)(b), Florida Statutes, Rule 5J-18.0012, Florida Administrative Code
Phone: 1-800-435-7352; Fax: 850-410-3797
FairRides@FDACS.gov

NICOLE "NIKKI" FRIED
COMMISSIONER

Section 1 - Company Information:

Permit Inspection

Re-Inspection

Name of Company	Name of Owner or Manager	Telephone #
Mailing Address	Email	Fax #
Facility Address	Facility Contact Name	Facility Contact Number

Section 2 - Inspection Information:

Inspection Date Requested	Inspection Time Requested
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Section 3 - Ride Information (continued on next page):

Ride Name	USAID #	Manufacturer Name	Serial #
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Continuation of Section 3 - Ride Information (Additional pages may be attached using the same format if extra space is needed.)

Ride Name	USAID #	Manufacturer Name	Serial #
8.			
9.			
10.			
11			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			

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

Owner/Manager

Date