



Florida Department of Agriculture and Consumer Services
 Division of Consumer Services/Bureau of Fair Rides Inspection
AFFIDAVIT OF ANNUAL INSPECTION FOR EXEMPT FACILITIES

Section 616.242(10), Florida Statutes
 Rule 5J-18.0012, Florida Administrative Code

Phone: 1-800-435-7352; Fax: (850) 410-3797
 FairRides@FreshFromFlorida.com

ADAM H. PUTNAM
COMMISSIONER

AMUSEMENT COMPANY _____

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____, and being duly sworn, states as follows:

1. The affiant certifies, on the date indicated, that all of the amusement rides listed are in general conformance with the requirements of Section 616.242(4)(a), Florida Statutes, and Rule 5J-18.0011, Florida Administrative Code.
2. The affiant is an authorized inspector for the above amusement company and certifies that each amusement ride has undergone at least a visual nondestructive test for metal fatigue, conducted by a Level II or Level III technician, unless exempt from nondestructive testing by Section 616.242(6)(d), Florida Statutes, and;
 - a. All nondestructive tests are current.
 - b. All nondestructive tests required or recommended by the manufacturer were conducted.
 - c. Each amusement ride has received at least a visual nondestructive test, and that visual nondestructive test is adequate for the amusement ride to be in general conformance with the requirements of Section 616.242(6), Florida Statutes, and Subsection 5J-18.004(2), Florida Administrative Code.
 - d. For those amusement devices for which the manufacturer has not required or recommended a visual nondestructive test, affiant has designated the required non-destructive test, the component area and frequency of testing of the component to be tested.

	Amusement Ride Name	Amusement Ride Serial No.
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	Amusement Ride Name	Amusement Ride Serial No.
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Engineer's Seal if Engineer

SIGNATURE OF AFFIANT

Subscribed and sworn to before me this _____ day of _____, 20____, by _____ personally known _____, or who produced identification _____. Type of identification produced _____.

NOTARY PUBLIC

My commission expires: _____