

State of California
 Department of Industrial Relations - Division of Occupational Safety and Health
Amusement Ride and Tramway Unit
 Permanent Amusement Ride Program
Application for QSI Certification Renewal



QSI Certificate Number _____

Date: _____

Personal Information

First Name _____ Middle Name _____ Last Name _____ Driver's License or State ID Number _____ State _____

Street Address _____ City _____

State _____ Zip Code _____ Phone _____ Email _____

Check and initial if name and address may be released to parties requesting a list of QSI Certified Inspectors. Initial: _____

Continuing Education

Describe course of study from approved QSI Training Programs attended since previous biennial certification. Include dates of training and provide a copy of course certificate showing evidence of total hours of attendance. Approved training shall not be less than 30 hours per biennial renewal period. Continue on a separate sheet if necessary.

Experience. (describe employment over the last two years including duties.)

1st Employer

From (mm/yy)	To (mm/yy)	Job title
Hours per week	Total worked (years/months)	Company
Supervisor	Phone	Address

Duties: _____

2nd Employer

From (mm/yy)	To (mm/yy)	Job title
Hours per week	Total worked (years/months)	Company
Supervisor	Phone	Address

Duties: _____

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the certification process. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.

A copy of State issued Driver's License or ID and one (1) picture of the applicant in portrait shall be submitted with this application. The application fee for QSI Certificate Renewal of one hundred twenty-five dollars (\$125.00) will be invoiced to the applicant, which shall be paid prior to issuance of the Renewal.

Submit this application, copies and pictures by email to: par@dir.ca.gov; sopar@dir.ca.gov

Applicant Signature	Date
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