

State of California
Amusement Ride and Tramway Unit
 Permanent Amusement Ride Program
 Application for QSI Certification



DATE: _____

Personal Information

First Name	Middle Name	Last Name	Driver's License Number	State
Street Address		City		
State	Zip Code	Phone	Email	

Check if name and address may be released to parties requesting a list of QSI Certified Inspectors. Last 4 of SSN _____

Examination location desired

Santa Ana Sacramento
 Do you need reasonable accommodations to take this exam? Yes No
 Have you ever applied for this examination before? Yes No If yes, give date. _____

Method of Qualifying

I. Licensed Engineer per Title 8 CCR 344.10(c)(1) License Number _____ Issuing State _____

Experience. Describe duties and dates of employment evidencing 2 years' experience in the amusement ride industry of which at least 1 year consists of actual inspection of amusement rides.

1st Employer

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

2nd Employer

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

Education and Training

Additional Information: Explain other skills and/or list additional skills, aptitudes, or educational courses or degrees you have which you feel could qualify you as a Qualified Safety Inspector in the State of California. List trade certifications, NDT training courses. Include dates of training and provide a copy of course certificate showing evidence of total hours of attendance.

Method of Qualifying

II. Non- Engineer per Title 8 CCR 344.10(c)(2) Evidence of 80 hours of Continuing Education Must be Attached
 Experience. Describe duties and dates of employment evidencing 5 years experience in the amusement ride industry of which 2 years consists of actual inspection of amusement rides.

1st Employer

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

2nd Employer

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

3rd Employer

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

Education and Training

Additional Information: Explain other skills and/or list additional skills, aptitudes, or educational courses or degrees you have which you feel could qualify you as a Qualified Safety Inspector in the State of California. List trade certifications and NDT training courses. Include dates of training and provide a copy of course certificate showing evidence of total hours of attendance.

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.

The application fee for the biennial QSI Certificate shall be five hundred dollars (\$500.00) Title 8 344.16(a) will be invoiced to the applicant, which shall be paid prior to issuance of the certificate. A copy of State issued driver’s license or ID and two (2) pictures of the applicant (one (1) portrait and one (1) profile) shall be submitted with this application.

Return application, supporting documents and photos to par@dir.ca.gov, sopar@dir.ca.gov

Applicant Signature	Date
---------------------	------