

Certificate of Compliance Ride List
(Completed by the QSI)

Ride Facility Name _____

City _____

Pg. ____ of ____ Pgs.

Dates Inspected		Registration Number*	Ride Name	Trade Name	Manufacturer	Serial Number
Start	Completed					

Additional Pages may be used as necessary for each location.
*Note: Registration Number assigned by the Division.
PAR Form 5 (Ride List Page(s)) rev. 3-20-2024