

State of California  
**Amusement Ride and Tramway Unit**  
 Certification Section  
 1750 Howe Ave., #300  
 Sacramento, CA 95825



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.

1<sup>st</sup> Employer

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

2<sup>nd</sup> 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.

### 1<sup>st</sup> Employer

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

### 2<sup>nd</sup> Employer

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

### 3<sup>rd</sup> 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.

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*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. All documents submitted will remain confidential.*

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The application fee for the biennial QSI Certificate shall be five hundred dollars (\$500.00) Title 8 344.16(a). The fee shall be attached to this application as a check made out to the Department of Industrial Relations PAR Inspection Fund. Two passport photos must be enclosed with this application. Digital format will be accepted as preferred.

### Return Application to:

State of California  
Amusement Ride and Tramway Unit  
Certification Section  
1750 Howe Ave., #300  
Sacramento, CA 95825

Applicant Signature	Date
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