WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services/Bureau of Fair Rides Inspection

FAIR RIDES AFFIDAVIT OF COMPLIANCE AND NONDESTRUCTIVE TESTING (NDT)

Section 616.242(5)(b)4, (6)(b)4 and (7), Florida Statutes
Rule 5J-18.0012, Florida Administrative Code

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

AMUSEMENT COMPANY _____

STATE OF _____

COUNTY OF _____

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

1. The affiant meets the qualifications required by Section 616.242(3)(p) or (q), Florida Statutes and Rule 5J-18.003, Florida Administrative Code, and:

   a. Affiant is a qualified inspector and my Florida Annual Inspection Authorization number is _____, or

   b. Affiant is a Professional Engineer and my License # is _____ in the State of _____.

2. Affiant has personally inspected the amusement rides listed on page(s) 2 - __ of this form on the date indicated and certifies that at the time of the inspection all of the amusement rides listed were ~~are~~ in substantial conformance with manufacturer required or recommended supplemental notification bulletins related to ride safety, the applicable requirements of Section 616.242, Florida Statutes, and Rule Chapter 5J-18, Florida Administrative Code, excluding design and manufacturing criteria identified in standards adopted in Rule 5J-18.0011, F.A.C.~~, as well as manufacturer required or recommended supplemental notification bulletins related to ride safety.~~

3. All certifications and statements of fact contained in this affidavit are to the best of the affiant's knowledge and belief.

Place Engineer's Seal Here (if engineer)

_____
(Signature of Affiant)

Sworn to (or affirmed) and subscribed to before me by means of:
___ physical presence or ___ online notarization, this ____ day of _____, 20___, by

_____
(Print Name of Affiant)

___ Personally known OR ___ Produced Identification

_____
(Type of Identification Produced)

_____
NOTARY PUBLIC
My Commission expires: _____

Ride Name: _____ **Serial #:** _____ **USAID #:** _____

A. Affiant certifies the following: (check box & date)

- ☐ Visual inspection completed. Date: _____
- ☐ Manufacturer NDT requirements and recommendations are current and complete. Date: _____
- ☐ ~~If only visual NDT is required, affiant certifies visual is adequate for ride to be in conformance with rule and statute.~~
- ☐ Affiant has reviewed m~~M~~aintenance program documentation and certifies that it is ~~has been completed~~ in conformance with ~~accordance with the maintenance program prescribed by~~ Rule 5J-18.009, F.A.C.
- ☐ Ride and components are in conformance with all applicable service life requirements specified by the manufacturer.

B. List all manufacturer required or recommended components for NDT (includes visual NDT).
Attach additional sheets as necessary using the same format.

Manufacturer required or recommended components	Type of NDT	Frequency of testing	Date NDT Performed

C. Affiant required or recommended components (check one of the following)

- ☐ Affiant does not require or recommend any additional nondestructive testing, and ~~certifies that~~ the manufacturer's requirements are sufficient for the amusement ride to be in conformance with Section 616.242, F.S., and Chapter 5J-18, F.A.C., excluding design and manufacturing criteria identified in standards adopted in Rule 5J-18.0011, F.A.C. ~~safe operation of the amusement ride.~~

- ☐ Affiant has designated required or recommended nondestructive testing for components if not already designated by the manufacturer or in addition to the manufacturer's requirements and recommendations.

List all affiant required or recommended components for NDT (includes visual NDT).
Attach additional sheets as necessary using the same format.

Affiant required or recommended components	Type of NDT	Frequency of testing	Date NDT Performed

D. Is this inspection initiated due to a major modification of the ride and/or component of the ride? If yes, indicate below:
Attach additional sheets noting all major modifications of the device since in service.

- ☐ Name of manager/owner/operator authorizing major modification _____ Date: _____

E. Does this inspection include passenger carrying devices such as go karts, harnesses, and bumper cars? If yes, attach additional sheets listing the devices to include department issued identification numbers and serial numbers.