TEXAS DEPARTMENT OF INSURANCE
Regulatory Policy Division - Amusement Rides (104-AR)
333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104
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AMUSEMENT RIDE CERTIFICATE OF INSPECTION/REINSPECTION

Required for each ride, pursuant to Texas Occupations Code, Chapter 2151, Amusement Ride Safety Inspection and Insurance Act and 28 Texas Administrative Code §§5.9004 -- 5.9014, Amusement Ride Rules, along with a $40 per ride filing fee and picture of the ride in an operable state taken at the time of the inspection.

Owner/Operator Information

Owner/Operator (Insured)_____

Address_____

Telephone Number (___) _____

Amusement Ride Information

Amusement Ride Name _____ Serial Number _____

Manufacturer _____ Date Manufactured _____

Date of Last Overhaul or Renovation _____ Date of Last (previous) Inspection_____

Amusement Ride Classification:

☐ **A** Ride designed primarily for use by children 12 years of age or younger with a fixed location

☐ **B** Ride other than Class A

Amusement Ride Inspector Shall Complete the Following Statement

I hereby certify that the above described Amusement Ride was inspected/reinspected in an operable state and meets the standards and requirements of_____Insurance Company and the inspection requirements as set forth in 28 TAC §§5.9001 -- 5.9014 and in Chapter 2151, Texas Occupations Code.

INSPECTOR: DO NOT USE STAPLES ON PICTURES. PICTURE PAGE MUST HAVE BUSINESS NAME / RIDE NAME / SERIAL NUMBER AND DATE PICTURE IS TAKEN.

Signature of Inspector _____ Date _____

Name and Title of Inspector_____

Inspection Company_____

Address_____

Telephone Number (_____) _____ Cell Number: (_____) _____

Authorization of the Insurance Company

Name and Title (Print) _____

_____ _____

Signature of Authorized Insurance Company Representative **Telephone Number**

TDI Amusement Ride Validation Stamp **TDI Inspection Sticker Number**_____