

Inspector Certification Supervisor Affidavit

This form has been designed to ensure that ACCT has independent verification of applicant's previous work history and current work duties as it relates to performing or providing challenge course, canopy/zip line tour and aerial adventure park inspections. Please answer each question carefully and return to ACCT to avoid a delay in processing. This form must be on file with ACCT, only applicants with a completed file and passing test will be awarded a certification.

Applicant's Details

Applicants Name: _____ Company _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number _____ E-Mail Address _____

What Certification are you applying for (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Level I In-House | <input type="checkbox"/> Level II In-House | <input type="checkbox"/> Supervisors Endorsement |
| <input type="checkbox"/> Level I Professional Inspector | <input type="checkbox"/> Level II Professional Inspector | <input type="checkbox"/> Supervisors Endorsement |

Type of Inspection Experience

Please select all options that reflect the current structures and system that you have experience inspecting.

Types of Courses and Components You Currently Inspect

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Low Ropes Course | <input type="checkbox"/> Static Belay High Course | <input type="checkbox"/> Dynamic Belay High Course | <input type="checkbox"/> Traditional Zip Line |
| <input type="checkbox"/> Zip Tour / Canopy Tours | <input type="checkbox"/> Outdoor Climbing Tower | <input type="checkbox"/> Indoor Climbing Wall | <input type="checkbox"/> Vertical Challenges |
| <input type="checkbox"/> Aerial Adventure Parks | <input type="checkbox"/> Hydraulic Systems | <input type="checkbox"/> Pneumatic Systems | <input type="checkbox"/> Magnetic Systems |
| <input type="checkbox"/> Electric Systems | <input type="checkbox"/> Other (If other please explain) _____ | | |

Types of Inspections You Currently Conduct

- | | | |
|---|--|---|
| <input type="checkbox"/> Daily In-House Inspections | <input type="checkbox"/> Monthly In-House Inspections | <input type="checkbox"/> Quarterly In-House Inspections |
| <input type="checkbox"/> Commissioning Inspections | <input type="checkbox"/> Acceptance Inspections | <input type="checkbox"/> Professional Third Party |
| Inspections <input type="checkbox"/> State Licensed Inspections | <input type="checkbox"/> Supervise Other Inspectors (thus their inspections) | |

Supervisor's Details

Supervisors Name: _____ Company _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number _____ E-Mail Address _____

Job Title _____ Years in Current Position _____

How long have you been supervising the Applicant _____ (example. 4 years and 3 months)

Do you supervise more than one inspector (circle one) Yes No

Please provide a brief description of your supervisory experience with the Applicant: _____

Amount of experience you have with challenge course structures and services (i.e. daily operations, staff training, inspections, construction, design, etc.) _____

NOTE: The Supervisor listed above must sign and date the document. DO NOT SIGN this document until you are in front of a notary.

PLEASE CHECK ONLY ONE BOX

I have reviewed the requirements for a **level 1 and 2 In-House Inspector**; the applicant is currently supervised by me and currently works for the company listed on this form where they complete inspections on our challenge course structures. As an organization we are licensed and insured to offer challenge course services we provide, but **we do not offer third party inspection services and are not licensed or insured to do so.**

OR

I have reviewed the requirements for a **level 1 and 2 Professional Inspector**; The Applicant performs third party inspection services as part of their current job duties; the company listed on this form has experience providing professional inspection services and is currently licensed and insured to offer these services.

This affidavit must be signed before a Notary Public

Under penalty of law, I attest to the truth of the statements made within this document and understand that any misrepresentations by the applicant or myself will subject the applicant to disciplinary action by ACCT including but not limited to revocation of their certification card if one is provided.

Supervisor’s Declaration

- I supervise the above named applicant as it relates to their performance of completing challenge course inspections.
- The information detailed within this form is true to the best of my knowledge and does not knowingly contain any false or misleading information regarding the experience or responsibilities of the applicant, myself and our company.

Printed Full Name _____ **Today’s Date:** _____

***Note to Notary:** *please verify the presence of all three pages of this document and that the person signing this form is the person listed as Supervisor on page 2 of this Affidavit.*

State or Providence of _____ **County of** _____

Before me, the undersigned notary public, this day, personally, appeared _____
(print the first and last name of affiant)

To me known, who being duly sworn according to law, deposes the following: _____
(Signature of Affiant)

Subscribed and sworn to before me this _____ day of _____, 20 _____

(Notary name typed, or written) Notary Public

Type of photo ID used to verify Affiant _____

