

Inspector Certification Supervisor Affidavit- Owner/ Self-Supervisor

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 and approved file and a passing test will be awarded a certification.

Applicant's Details

Applicants Name: _____
Company _____

Applicant's
Address _____

City _____ State _____ Zip Code _____

Country _____

Phone Number _____ E-Mail _____

I am:

- applying for the first time
 I am Re-certifying (Certification Number) _____

What Certification are you applying/re-certifying for (check all that apply)

- Level I In-House Level II In-House Supervisors Endorsement
 Level I Professional Inspector Level II Professional Inspector 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

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

Types of Inspections You Currently Conduct

- Daily In-House Inspections Monthly In-House Inspections Quarterly In-House Inspections
 Commissioning Inspections Acceptance Inspections Professional Third-Party Inspections
 State Licensed Inspections Supervise Other Inspectors (thus their inspections)

Owner/ Self-Supervisor Details

Company Name: _____

Company's
Address _____

City _____ State _____ Zip Code _____

Country _____

Phone Number _____ Work E-Mail _____

I am:

The Owner of this company

Not the owner, but self-supervised.

Job Title _____ Years in Current Position _____

How long have you been the Owner or Self-Supervised? _____ (example. 4 years and 3 months) How long have you been providing inspections as a service? _____

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

If yes, how many? _____

Please provide a brief description of your Inspector experience as the Owner or someone who is Self-Supervised:

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.

Owner/Self-Supervisor Declaration

- I supervise myself as it relates to the 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 Public

(Notary name typed, or written)

(Signature of Notary)

Type of photo ID used to verify Affiant _____

Stamp
or Seal