



Commonwealth of Massachusetts
Division of Professional Licensure
Office of Public Safety & Inspections
1000 Washington Street – Suite 710 – Boston – MA 02118

Application for Certificate of Competency as a
CERTIFIED AMUSEMENT THIRD PARTY INSPECTOR

This application is to be filed by an applicant seeking approval to sit for a Third Party Inspector examination, in accordance with 520 CMR 5.00.

Please complete the application fully, in ink. Mail the completed application and attachments, along with a non-refundable processing fee of \$100.00 made payable to the Commonwealth of Massachusetts (Bank check or money order only), to:

Office of Public Safety & Inspections (OPSI)
Attention: Licensing Division
1000 Washington Street, Suite 710, Boston MA 02118

Pursuant to 520 CMR 5.02(8)(c), applicants shall provide a copy of their General Liability Insurance Certificate in the minimum amount of \$1,000,000 per occurrence limit with this application.

SPECIAL ACCOMMODATIONS

☐ **Check (✓) box if applicable.** I am requesting examination accommodations due to a disability that substantially limits my ability to perform a major life activity. You must submit an *Accommodation Request Form* along with the required documentation as part of this application in order for this request to be considered

Please check (✓) appropriate license exam category.

☐ **Amusement Inspector**

☐ **Challenge Course & Climbing Wall Inspector**

1. Full Name: _____ Social Security Number _____
(Required)
2. Home Address: _____
(Street) (City) (State) (Zip Code)
3. Mailing Address: _____
(If Different) (P.O. Box or Street) (City) (State) (Zip Code)
4. Date of Birth: _____ Home Phone No: _____ Email Address: _____
5. Business Address: _____
(Street) (City) (State) (Zip Code)
6. Have you examined for a Massachusetts Certificate of Competency before? ☐ **Yes, when?** _____ ☐ **No**

Pursuant to Massachusetts General Laws, Chapter 22 and 520 CMR 1.00, I certify under the penalties of perjury that to my best knowledge and belief I have paid any and all outstanding civil fines owed to the Office which are required under Law.

Signature of Applicant: _____ Date: _____

AUTHORIZATION FOR RELEASE OF RMV PHOTOGRAPH INFORMATION
(Massachusetts Residents Only)

My signature below authorizes the Office of Public Safety & Inspections (OPSI) to electronically access my photograph from the Massachusetts Registry of Motor Vehicles (RMV) database solely for use on this license.

Massachusetts RMV photo release signature

**Application for Certificate of Competency as a
THIRD PARTY AMUSEMENT INSPECTOR WORK EXPERIENCE**

1. Name and Address of Employer:

State full title of occupation:

List Duties:

Date of Hire: _____

Date of Termination: _____

Reason(s) for leaving:

2. Name and Address of Employer:

State full title of occupation:

List Duties:

Date of Hire: _____

Date of Termination: _____

Reason(s) for leaving:

EXAMINATIONS TAKE PLACE THE LAST WEEK OF EVERY MONTH.

For example, if your application is processed in January, you will be scheduled to sit for an examination in February.

All of the following items must be submitted with this application in order for your application to be processed properly. Failure to submit all required information and proper fee will result in unnecessary delays.

- Completed application with proper home mailing address and social security number.
- 2" x 2" photo or a legible copy of a valid driver's license
(unless authorization for release of your RMV photograph is provided; see below).
- Non-refundable application processing fee (\$100.00).

Please note that applicants must be at least 18 years of age.

Office of Public Safety & Inspections (OPSI) use only

Date of Examination: _____

Results of Examination:

☐

Pass

☐

Fail

Certificate Number: _____

OPSI EXAMING INSPECTORS
