



KENTUCKY DEPARTMENT OF AGRICULTURE
Division of Regulation and Inspection • JONATHAN SHELL, Commissioner •
kyagr.com
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573-0603

CERTIFICATE OF INSPECTION FORM

Rev 7-17

THE UNDERSIGNED QUALIFIED INSPECTOR SWEARS/AFFIRMS AND CERTIFIES that the aerial recreational device or facility identified below has been inspected, found to have been installed correctly according to the engineer-approved design plans, and meets the requirements of 302 KAR 17:010, Section 5(1)(a).

Date of Inspection _____

Operator of the device or facility _____

Product name of device or facility _____

Serial number of device _____

Check if: Actual serial number _____ Assigned by Inspector _____

Manufacturer of the device or facility _____

Name of engineer who approved the device's design plan _____

Qualified Inspector's Name _____

Address _____

Phone _____

Email _____

Relevant Professional Accreditations and Certifications of Inspector

X

Inspector's Signature

Date