Academy of Amusement Risk Management, Safety & Security (AARMSS)
Program Application

Fill in electronically or clearly print the following:

Today's Date:_____
<div style="margin-left:6em">month / day / year</div>

Last Name: _____   **Date of Birth**:_____
<div style="margin-left:35em">month / day / year</div>

First Name: _____   **Middle Initial**:_____

Position/Title: _____   **# of Years in Title**:_____

Work Address: **(Required)** ☐☐Use for correspondence   **Home Address:** **(Required)** ☐☐Use for correspondence

_____   _____

_____   _____

_____   _____

_____   _____

Work Phone: _____   **Cell Phone**: _____

Email: _____

Submit the following required items with your application

OSHA 10 or OSHA 30 Card: Applicant must provide verification of receipt of an OSHA 10 hour (or greater) card.

Industry Experience: Attach resume of personal history and industry experience. Applicant must show proof of employment in the amusement industry safety and/or security management field for at least 36 months.

Education: Applicant must show proof of at least a high school education (diploma or GED equivalent).

Academy Fee: Submit the academy fee of $395 (purchase order numbers (PO#) are accepted. Credit card will be charged **only** if applicant is accepted into AARMSS)

Please refer to the AIMS International Safety & Security Certification Program Guide for specific requirements.

Upon review of amusement industry experience and supporting OSHA 10 (or OSHA 30) card by the AIMS Certification Committee, the applicant will be accepted into the AARMSS program on a first come, first serve basis. If the application is determined insufficient to support the certification, the applicant will be informed, in writing, which qualifications were not met.

I hereby certify that the above information is true and correct. I have read the current Code of Ethics and the AIMS International Safety & Security Certification Program Guide and agree to follow it in the discharge of my duties. I understand that any false statements will disqualify me for AIMS certification.

_____   _____
Signature of Applicant   Date

Please email completed application to: certs@aimsintl.org

ARRMSS Fee: $395. Please indicate Payment Type Below:

☐PO#: _____   ☐Credit Card No.: _____   Exp: _____/_____
                                                                                                                            month / year

Card Holder's Name: _____ CCV: _____

For Office Use Only				
☐☐Application	☐☐Employment	☐☐OSHA 10/30	☐☐Payment	Notes: _____