AIMS INTERNATIONAL

PO Box 5178   Jacksonville, FL 32247

On-line LEVEL I (only) Certification Test Application

Check One:

☐ **Maintenance**   ☐ **Operations**

☐ **Inspection****   ☐ **Aquatics**

☐ **Click here if you need your exam in Spanish**

Fill in electronically or clearly print the following:

Today's Date: _____   **Test Date**: _____
month / day / year   month / day / year

Last Name: _____   **Date of Birth**: _____
month / day / year

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

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

_____   _____

_____   _____

_____   _____

Work Phone: (_____) _____   **Cell Phone**: (_____) _____

Email: _____   **Last 4 digits of SS#** _____

Submit the following required items with your application

LEVEL I Applicants: Applicant may submit a high school diploma, college diploma, or GED (General Equivalency Diploma). Please attach a copy of your diploma or certificate **or** required proof of experience. (See Program for details).

** Eye Exam: All Ride Inspector applicants must show evidence of passing an eye exam within the previous 6 months. Please complete the attached form on page 2.

Current
Employer: _____ Location: _____ Position: _____

Hire Date: _____ Supervisor: _____ Phone: (_____) _____
month / day / year

Refer to the AIMS Certification Program for specific requirements

I hereby certify that the above information is true and correct. I have read the current Code of Ethics and the AIMS Certification Program and agree to follow it in the discharge of my duties. I understand that any false statements will disqualify me for AIMS certification. I will provide documentation for both education and industry experience in the amusement industry along with this application. I will provide a copy of my current Level I certificate if requested and 8 CEU if I plan to sit for the Maintenance Level II exam.

_____   _____
Signature of Applicant   Date

TEST FEE: $125. Please indicate Credit Card Payment Information Below:

Amount: _____ ☐ Credit Card No: _____ Exp: _____
month/year

Card Holder's Name: _____   CVV: _____

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Please list the names of rides or type that you have personally inspected in the last two years:

AIMS RIDE INSPECTOR APPLICATION - Eye Examination:

The following *three* sections are to be completed by the eye examiner

1. PLEASE PRINT CLEARLY

Applicant's Name:_____ Date of Exam: _____

Examiner Name:_____ **Phone Number**:_____

Examiner Address:_____

City:_____ **ST**:_____ **ZIP**:_____

EXAMINER PROFESSIONAL STATUS *(please check only one)***:**

☐Ophthalmologist ☐Optometrist ☐Medical Doctor ☐Registered Nurse ☐Certified Physician's Assistant

Examiner Signature:_____ License/Qualification #: _____

2. VISION ACUITY RESULTS:

	Please verify the customer's close vision acuity to Jaeger J2 (or equivalent) specifications at a distance of 20 inches or greater: *(please check one of the following)*
	Both eyes require corrected vision to J2.
	Only one eye needs corrected vision.
	No correction is required.

3. COLOR PERCEPTION RESULTS:

	Through a color perception examination, is the applicant colorblind? (please check one of the following).
	NO, applicant is not color blind
	YES, applicant is color blind (A letter from the employer's supervisor stating acknowledgement of this results is required before testing)

I hereby certify that the above information is true and correct. I have read the current Code of Ethics and the AIMS Certification Program and agree to follow it in the discharge of my duties. I understand that any false statements will disqualify me for AIMS certification. I will provide documentation for both education and industry experience in the amusement industry along with this application. I will provide a copy of my current Level I certificate if requested and 8 CEU if requested if I plan to sit for the Inspector Level II exam, or a copy of my current Level II certificate if requested and 12 CEU if requested if I plan to sit for the Inspector Level III exam. I am submitting an eye exam signed by an authorized examiner.

_____   _____
Signature of Applicant   Date