



PO Box 5178  
Jacksonville, FL 32247

# LEVEL III Certification Application

Check one:

- Maintenance LEVEL III
- Operations LEVEL III

Fill in electronically or clearly print the following:

Today's Date: \_\_\_\_\_  
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# \_\_\_\_\_

Date of Current Level II Certification: \_\_\_\_\_  
month / day / year

**Submit the following required items with your application**

**Continuing Education Units:** Applicant must provide verification of receipt of 12 CEU from attending amusement industry or other applicable seminars or education.

**Industry Experience:** Attach resume of personal history and industry experience. Applicant must provide proof of employment in the amusement ride maintenance field for at least 120 months.

**Industry Support:**

1. Submit two original Safety Seminar course lessons using the following format.
  - a. Name of course
  - b. Course objective
  - c. Class synopsis
  - d. Written lesson plan including time allotments and specific examples for classroom exercises.

- e. Attach copies of all course handout material
  - f. Provide 5 questions, in a 4-choice format, for the certification examinations.
  - g. List audio-visual equipment requirements for presentation.
2. Provide evidence documenting your volunteer service to the amusement industry.
  3. Provide proof of AIMS membership.

**Application Fee:** Submit the application fee of \$100

***Refer to the AIMS Certification Program for specific requirements***

Upon review of amusement industry experience and support and current Level II certification by the AIMS Certification Committee, the applicant will be awarded a Level III certification. 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 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Application Fee: \$100. Please indicate Payment Type Below:**

Cash Ck# \_\_\_\_\_Amt. \_\_\_\_\_ Credit Card No. \_\_\_\_\_ Exp \_\_\_\_\_  
month / year

Card Holder's Name: \_\_\_\_\_ CCV: \_\_\_\_\_

Rev. 9/15

<b><i>For Office Use Only</i></b>	
<input type="checkbox"/> App. <input type="checkbox"/> Empl. <input type="checkbox"/> Edu. <input type="checkbox"/> Payment <input type="checkbox"/> Level II Cert. <input type="checkbox"/> AIMS Member	_____ CEU(years used)