Association for Challenge Course Technology  
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Phone: (303) 827-2432   
[www.acctinfo.org](http://www.acctinfo.org)



**Inspector Certification Supervisor Affidavit – Owner/Self-Supervisor**This form has been designed to ensure that ACCT has independent verification of the applicant’s previous work history and current work duties as it relates to performing or providing challenge course, canopy/zip line tour and aerial adventure park inspections. The Applicant’s supervisor will need to answer each question carefully and return to ACCT to avoid a delay in processing. This form must be on file with ACCT. Only applicants with a completed file and passing test will be awarded a certification.

**Applicant Details**

Applicant Name: Click or tap here to enter text. Company Click or tap here to enter text.

Address Click or tap here to enter text. City Click or tap here to enter text.

State Click or tap here to enter text. Zip Code Click or tap here to enter text. Country Click or tap here to enter text.

Phone Number Click or tap here to enter text. E-Mail Address Click or tap here to enter text.

Applicant is:

 Applying for the first time

 Re-certifying - Certification Number Click or tap here to enter text.

**What Certification is the Applicant applying for (check all that apply)**

**** Level 1 In-House  Level 2 In-House  In-House Supervisors Endorsement

Level 1 Professional Inspector Level 2 Professional Inspector  Professional Supervisor Endorsement

**Type of Inspection Experience**Please select all options that reflect the current structures and system the applicant has experience inspecting.

Types of Courses and Components the Applicant Currently Inspects

Low Ropes Course Static Belay High Course Dynamic Belay High CourseTraditional Zip Line

Zip Tour / Canopy Tours Outdoor Climbing Tower Indoor Climbing Wall Vertical Challenges

Aerial Adventure Parks Hydraulic Systems Pneumatic Systems Magnetic Systems Electric Systems Other (If other please explain) Click or tap here to enter text.

Types of Inspections the Applicant Currently Conducts

Pre-Use Inspections Periodic Monitoring Acceptance Inspections

 Professional Inspections State Licensed Inspections

**Supervisor’s Details**

I am:

 The Owner of this company

 Not the owner, but self-supervised

Job TitleClick or tap here to enter text. Years in Current Position Click or tap here to enter text.

How long have you been the Owner or Self-Supervised?Click or tap here to enter text. (example. 4 years and 3 months)?

How long have you been conducting Inspections? Click or tap here to enter text.

Do you supervise more than one inspector (circle one) Yes  No

Amount of experience you have with challenge course structures and services (i.e., daily operations, staff training, inspections, construction, design, etc.) Click or tap here to enter text.

**Insurance Details- Applicant Company Insurance Certification**

**This portion of the Supervisor Attestation shall be completed by a representative of the applicant company with the knowledge and authority to certify on its behalf.**

On behalf of the Applicant Company identified above (the "Applicant Company"), ​I certify that the Applicant Company maintains continuous ​reasonable and customary insurance coverage ​considering the Applicant Company's potential exposure and the geographic areas in which ​it operate​s, ​specifically referring to the United States and its territories, or internationally. I understand that if the Applicant Company's insurance lapses, expires or otherwise terminates, or the Applicant inspector named above (the "Applicant”) is no longer employed by the Applicant Company, the Applicant and/or the Applicant Company shall have 15 days to report to the ACCT Program Manager.

ACCT may request proof of a Certificate of Insurance at any time during the life of the certified

Inspector’s certificate to validate compliance.

Applicant must have the representative of the applicant company initial next to each statement and sign below.

\_\_\_\_\_ I have read and understood the statement above. I certify the Applicant Company maintains continuous ​reasonable and customary insurance coverage ​considering the Applicant Company's potential exposure and the geographic areas in which ​it operate​s, ​specifically referring to the United States and its territories, or internationally.

\_\_\_\_\_ I understand that if the Applicant Company's insurance lapses, expires or otherwise terminates, or the Applicant inspector named above (the "Applicant”) is no longer employed by the Applicant Company, the Applicant and/or the Applicant Company shall have 15 days to report to the ACCT Program Manager.

\_\_\_\_\_ I understand ACCT may request proof of a Certificate of Insurance at any time during the life of the certified Inspector’s certificate to validate compliance.

**Applicant’s Representative Printed Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Representative Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE CHECK ONLY ONE BOX**

 I have reviewed the requirements for a level 1 and 2 In-House Inspector; the applicant is currently supervised by

me and currently works for the company listed on this form where they complete inspections on our challenge

course structures. As an organization we are licensed and insured to offer challenge course services we provide,

but we do not offer third party inspection services and are not licensed or insured to do so.

OR

 I have reviewed the requirements for a level 1 and 2 Professional Inspector; The Applicant performs Professional

inspection services as part of their current job duties; the company listed on this form has experience providing

professional inspection services and is currently licensed and insured to offer these services.

**This attestation must be signed by the Applicant, the Supervisor, and a Witness.**

Under penalty of law, I attest to the truth of the statements made within this document and understand that any misrepresentations by the applicant, the supervisor will subject the applicant to disciplinary action by ACCT including but not limited to revocation of their certification card if one is provided.

**Owner/ Self-Supervisor’s Declaration**

* I supervise the above named applicant as it relates to their performance of completing challenge course inspections.
* The information detailed within this form is true to the best of my knowledge and does not knowingly contain any false or misleading information regarding the experience or responsibilities of the applicant, myself and our company.

**Owner/ Self-Supervisor’s Printed Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner/ Self-Supervisor’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Declaration**

* I have verified the presence of all three pages of this document and that the individuals signing this form are the individuals listed as Applicant and Supervisor.
* I have verified the information detailed within this form is true to the best of my knowledge and does not knowingly contain any false or misleading information regarding the experience or responsibilities of the applicant, myself and our company.

**Witness’s Printed Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_