

Inspector Certification Supervisor Attestation

This form has been designed to ensure that ACCT has independent verification of the applicant's 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: _____ Company _____
Address _____ City _____
State _____ Zip Code _____
Country _____
Phone Number _____ E-Mail Address _____

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 Endorsement
 Level 2 In-House Endorsement
 In-House Supervisors Endorsement
 Level 1 Professional Inspector Supervisor Endorsement
 Level 2 Professional Inspector Supervisor Endorsement
 Professional Supervisor Endorsement

Type of Inspection Experience

Please select all options that reflect the current structures and system that the applicant has experience inspecting.

Types of Courses and Components the Applicant Currently Inspects

- Low Ropes Course
 Static Belay High Course
 Dynamic Belay High Course
 Traditional 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) .

Types of Inspections the Applicant Currently Conducts

Pre-Use Inspections Periodic Monitoring Acceptance Inspections
 Professional Inspections State Licensed Inspections

Supervisor's Details

Supervisor's Name: _____ Company: _____
Company Address: _____ City _____
State _____ Zip Code _____
Country _____
Phone Number _____ E-Mail Address _____
Job Title _____ Years in Current Position _____
How long have you been supervising the Applicant _____ (example. 4 years and 3 months)?

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

Please provide a brief description of your supervisory experience with the Applicant:

Amount of experience you have with challenge course structures and services (i.e., daily operations, staff training, inspections, construction, design, etc.)

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 operates, 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 operates, 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, the supervisor of the applicant, 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 the 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, the supervisor of the applicant, 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 or the supervisor will subject the applicant to disciplinary action by ACCT including but not limited to revocation of their certification if one is provided.

Applicant's Declaration

- 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.

Applicant's Printed Full Name _____ **DATE:** _____

Applicant's Signature _____

Supervisors Declaration

- I supervise the above-named applicant as it relates to their performance in 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.

Supervisor's Printed Full Name _____ **DATE:** _____

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 _____