Association for Challenge Course Technology
PO Box 19797 Boulder, CO 80308, USA
Phone: (303) 827-2432
[www.acctinfo.org](http://www.acctinfo.org)

**Inspector Certification Acknowledgement of Additionally Listed Companies**This form has been designed to ensure that there is acknowledgement from both the Primary Company and Additionally Listed Company that the Inspector is attaching the Additionally Listed Company to their Inspector Certification.

This form is also the Supervisor Attestation from the Additionally Listed Company Supervisor. This is to ensure ACCT has independent verification of the applicant’s current work duties as it relates to performing or providing challenge course, canopy/zip line tour and aerial adventure park inspections. Please answer each question carefully and return to ACCT to avoid a delay in processing. This form must be on file with ACCT for Additionally Listed Companies to be included on the Inspector’s certification.

**Any changes to employment status and/or insurance from the Additionally Listed Company shall be reported to ACCT within 30 days.**

**Inspector’s Details**

Inspector’s Name: Click or tap here to enter text.

PRIMARY Inspector’s 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.

Certification Number: Click or tap here to enter text.

**What Level of certification do you hold (check all that apply)?**

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 that you have experience inspecting.

Types of Courses and Components You Currently Inspect

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 You Currently Conduct

Acceptance Inspections  Professional Inspections State Licensed Inspections

ACCT Inspector Certification Supervisors Affidavit  **-- Page 2 of 3**

**Additional Company’s Details**

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

Additional Company 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.

Does this company have an ACCT Level 2 Professional Inspector with a Supervisor Endorsement? Yes  No

Supervisor Name: Click or tap here to enter text. Supervisor Certification Number: Click or tap here to enter text.

Does this company employ more than one inspector? Yes  No 

Please provide a brief description of your experience with the Inspector: Click or tap here to enter text.

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.

ACCT Inspector Certification Supervisors Affidavit -**- Page 3 of 3 –**

**This must be signed by the Applicant Inspector, the Supervisor from the Primary Company, and the supervisor from the Additionally Listed Company**

**Inspector**

 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.

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.

I have reviewed and acknowledged that I will be listing the Additional Company as a part of my Inspector Certification.

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

**Inspector’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Company**

 I have verified the presence of all three pages of this document and that the individuals signing this form are the individuals listed as INSPECTOR and ADDITIONALLY LISTED COMPANY 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.

I have reviewed and acknowledged the Inspector listed above will be listing the Additional Company as a part of their Inspector Certification.

**Primary Company’s Representative**

**Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Company’s Representative Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additionally Listed Company**

 I have verified the presence of all three pages of this document and that the individuals signing this form are the individuals listed as INSPECTOR and PRIMARY COMPANY REPRESENTATIVE.

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.

I have reviewed and acknowledged the Inspector listed above is listed under the Primary Company as a part of their Inspector Certification and I am listed as the Additionally Listed Company.

**Additionally Listed Company’s Supervisor**

**Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additionally Listed Company’s Supervisor Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_