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



**Inspector Certification Supervisor Attestation**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 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 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

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**Supervisor’s Details**

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

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.

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

How long have you been supervising the Applicant Click or tap here to enter text. (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: 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.

**NOTE:** The Supervisor listed above must sign and date the document.

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**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 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, 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.

**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 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.

**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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_