

Michigan Department of Labor & Economic Growth
 Bureau of Commercial Services
 Licensing Division
 CARNIVAL-AMUSEMENT SAFETY BOARD
 P.O. Box 30018, Lansing, MI 48909
 517-241-9233
 517-241-9280 FAX

APPLICATION FOR SPECIAL INSPECTOR COMMISSION

AUTHORITY: P.A. 225 of 1966, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

Instructions:

- Please type or print your responses.**
- A separate application must be submitted for each candidate applying for a Special Inspector Commission.**
- Make checks payable to State of Michigan - Amusement Safety.**
- Return application and fee to the address shown above.**

I hereby certify that _____
 (Name of Applicant (First, MI, Last) - Please Print)

(Check One) New Special Inspector
 Renewal--Special Inspector
 ID # 20-02- _____

Social Security Number										
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(Check One) is employed by, or
 is the owner/operator of:

 Name of Carnival-Amusement Company

20-01-_____
 I.D. Number

 Complete Company Address--Number, Street, City, State, Zip Code

 Daytime Telephone Number

which operates carnival-amusement rides and devices under the provisions of Act 225 of the Public Acts of 1966, as amended, and rules regulating carnival-amusement rides in the State of Michigan, and that this person is thoroughly trained, competent, and capable of performing the duties and functions of a Special Inspector as prescribed by the rules and regulations of the Carnival-Amusement Safety Board as have been established and permitted by the provisions of Act 225 of the Public Acts of 1966, as amended.

Signature of Owner/Operator	Date
Type or Print Name of Owner/Operator	

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

QUICK PROCESSING CARD - DO NOT DETACH

Please fill out this card to help us process your application more quickly

APPLICANT NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER										
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FEE PAYMENT INFORMATION	Make your check or money order from a U.S. Financial Institution payable to: STATE OF MICHIGAN - AMUSEMENT SAFETY										
<input type="checkbox"/> Special Inspector Commission \$5.00 71-2002-01	FEES ARE EARNED UPON RECEIPT AND ARE NOT REFUNDED EXCEPT UNDER RULES PROMULGATED BY THE DEPARTMENT.										