



KENTUCKY DEPARTMENT OF AGRICULTURE
Division of Regulation and Inspection • JONATHAN SHELL, Commissioner •
kyagr.com

Rev 7-17

107 Corporate Drive, Frankfort, KY 40601 • Phone (502) 573-0282 • Fax (502) 775-0343

QUALIFIED INSPECTOR REGISTRATION FORM

Inspector Applicant's Name _____

Inspector Applicant's Address _____

City, State, ZIP _____

Telephone _____ Emergency Telephone _____

Email _____

REQUIRED FOR CERTIFICATION:

- ☐ **ATTACH: Certificate of Professional Liability Insurance Coverage** in effect during Certification to levels specified by 302 KAR 17:010, Section 10(3):

General Liability Coverage of not less than one million dollars (\$1,000,000) per occurrence and not less than two million dollars (\$2,000,000) aggregate; and Professional Liability Coverage, including Errors & Omissions, for not less than one million dollars (\$1,000,000). Insurance to be written for inspection and certification activities by an insurance company or surplus lines insurer authorized to do business in the Commonwealth of Kentucky.

- ☐ **ATTACH: Certification or Licensure as a Third-Party Inspector or Professional Inspector by one of the following:**

- ☐ Association for Challenge Course Technology (ACCT);
☐ National Association of Amusement Ride Safety Officials (NAARSO);
☐ Professional Ropes Course Association (PRCA); or,
☐ The Kentucky Board of Engineers & Land Surveyors.

- ☐ **ATTACH FEE: Annual license fee \$100.00** (one hundred dollars).

Make check payable to **Kentucky State Treasurer.**

X

Applicant Signature

Applicant Printed Name

Date

KDA USE ONLY: Certification

APPROVED ☐

REJECTED ☐

INCOMPLETE ☐

Issue Date _____