



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF CAPITAL ASSET MANAGEMENT & MAINTENANCE
BUILDING CODE COMMISSION
AMUSEMENT RIDE SAFETY PROGRAM
ONE CAPITOL HILL, PROVIDENCE, RI 02908-5859
(401)-222-6330 FAX 222-2599

Operator Training Affidavit

Name of Owner: Owner ID#: Date:
Ride Company: Address:
Name of Instructor Providing Training: ID # of Instructor:
Name of Person Receiving Training: ID# of Person Receiving Training:
List of Rides:

- 1. 11.
2. 12.
3. 13.
4. 14.
5. 15.
6. 16.
7. 17.
8. 18.
9. 19.
10. 20.

Drug Policy Statement

Operators may not operate any ride while under the influence of any drug. Operators must report to owners if they are taking any drugs as a medication. The owner must replace the operator if he/she starts taking a medication that prohibits the operation of equipment while on the drug.

Affidavit

I, have received proper training for the above listed rides set-up, inspection, and operation, per the rides' Manuals. I read, understand and will follow the above stated drug policy.

Signature of training recipient,

Signature of individual providing training,

Name: _____

Name: _____

Date: _____

Date: _____

Notes:

- 1. ID# can be a Driving License Number (including the state where the license was issued), or any other picture ID number.
2. Please attach a brief description of the qualifications (including years of ride-specific experience, education, training and relevant certifications), of the individual providing the training.