Authority

THE AMUSEMENT RIDES SAFETY ACT (Chapter 6A)	
CERTIFICATE OF INSPECTION (*INSTALLATION / MODIFICATION WORKS)	
For submission to: Commissioner of Amusement Rides Safety Building and Construction Authority 5 Maxwell Road #07-00 Tower Block, MND Complex Singapore 069110 Website: http://www.bca.gov.sg/	
Particulars of Amusement Ride to which this Certificate relates:	
Name and Designation of * <u>Installation / Modification</u> Permit Holder	Company, Address and UEN of Company (where applicable) of Permit Holder
Amusement Ride Number (ARN)	Name of Amusement Ride
Manufacturer	Date of Manufacture (<i>dd-mmm-yyyy</i>)
Description of Amusement Ride	Location of Amusement Ride
Codes & Standards adopted	Remarks, if any
I confirm that I have appointed and have also considered the opinion and advice of the following conformity assessor(s): Name, Designation: Company:	
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(2) I certify that I have in accordance with section * <u>12(a) / 30(a)</u> of the Amusement Rides Safety Act (Chapter 6A) carried out inspection of the * <u>installation / modification</u> works of the amusement ride listed above, and confirm that, in my opinion:-	
a) the * <u>installation / modification</u> works have been properly carried out in accordance with -	
 the design and specifications and the proposed <u>*installation / modification</u> method and programme, as authorised by the <u>*installation / modification</u> permit; 	
(ii) the conditions of the * <u>installation / modification</u> permit;	
(iii) the requirements prescribed under regulation 7 of the Amusement Rides Safety Regulations 2011; and	
 (iv) any other direction given by the Commissioner in respect of the <u>installation</u> works, where applicable; and 	
b) the amusement ride, as * <u>installed / so modified</u> -	
(i) conforms to the prescribed requirements; and	
(ii) is in a safe working condition and fit for operation.	
Name & Signature of Qualified Person	SPE Registration No.:
	Company Name:
	Company UEN:
	Tel No. / Fax No.:
	Date of Issue:

* delete as appropriate