

2021 Carnival Worker • Staff Roster

(Keep this form on site with ride or attraction for inspection)

Company (Owner's) Name: _____

I affirm and certify the information provided in this form is true, correct and complete.

 (Signature of Owner)

 (Date Signed)

NOTE TO OWNERS: Owners of amusement rides and/or amusement attractions must maintain this completed form on site with the ride or attraction at all times. An owner shall provide this completed form to the Department upon inspection or request. Failure to have the completed form on site may result in amusement rides and/or amusement attractions not being allowed to operate.

CARNIVAL WORKER'S FULL NAME				Criminal History Record Check Completed	National Sex Offender Registry Completed	Training Completed	Inspector use ONLY	
Date of Hire	Last Name	First Name	Middle Name				Records Verified by IDOL Inspector	Date Verified by IDOL Inspector
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