



South Carolina Department of Labor, Licensing and Regulation

Office of Elevators and Amusement Rides

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llr.sc.gov/elevators

**APPLICATION FOR SPECIAL INSPECTOR
(AMUSEMENT DEVICES)**

Name	Address	
City, State & Zip Code	Place of Employment	
Employer's Address (include city, state & zip code)		
Telephone Home:	Work:	Date of Birth

EVIDENCE OF QUALIFICATIONS:
(Attach supporting documents)

**Excerpt from South Carolina Rules and Regulations on Qualifications of Special Inspectors:
71-4800 Qualifications of Approved Special Inspectors**

- I. A special inspector shall have the following qualifications:
 - a. 1. At least five years experience in amusement device maintenance and safety and completion of approved courses in materials inspection and testing in fasteners, or in the alternative,
 2. A four-year college degree in engineering or architecture with a minimum of twelve (12) semester hours of course work in the area of mechanics and strength of materials.
 - b. Evidence of successful completion of an approved Rides Safety Inspection course within the previous two (2) calendar years.
- II. Each applicant for approval as a special inspector shall submit with his annual application evidence of insurance against errors and omissions (or approved general liability insurance) covering inspections of amusement rides and devices in an amount of no less than \$500,000 per occurrence, procured from one or more insurers licensed to transact insurance in South Carolina or approved as a non-admitted surplus lines carrier for risks located in this State.
- III. Each applicant for approval as a special inspector shall submit with his annual application a license fee in the amount of \$200.00.

SPECIAL NOTE TO APPLICANTS: AN INVOICE FOR PAYMENT OF LICENSE FEE WILL BE FORWARDED WHEN APPLICATION IS APPROVED.

- By signing below, I affirm that I will not inspect any amusement device or ride, bungee jumping device, or any device covered by Title 41 or Regulation, for which I have provided any consulting service within the preceding twelve months.
- I further affirm that I will not inspect any device or ride, bungee jumping device, or any device covered by Title 41 or Regulation owned by a person or entity for which I have provided any consulting service within the preceding twelve months.
- I understand that violation of SC Regulation 71-4800(5) may subject my license to immediate revocation.

The language used in this application does not create an employment contract between the inspector and the Department of Labor, Licensing and Regulation. Pursuant to Section 41-18-40(13) of the South Carolina Code (1976 as amended), a special inspector is not an employer of the Department.

I affirm, agree and/or understand that all statements in this form are true and accurate; that any misrepresentation or omission of fact may result in disqualification or revocation of license if issued.

Signature of applicant: _____

Date: _____