



**Loudoun County
Building and Development**

1 Harrison St. SE Leesburg VA. 20175

PERMIT NUMBER: _____

Amusement Device Certification Form

Event Location: _____	Event Address: _____
Operator/ Owner: _____	Direct Phone Number: _____
Insurance Policy Number: _____	Insurance Expiration: _____
Event Start Date: _____ Start Time: _____	Event End Date _____ Today's Date _____

Device	Name	Serial #	Device Type Kiddie, Major, Spectacular	Date of Last VA. Inspection
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

Third Party Inspection	
Inspector Name: _____	Phone Number: _____
Attach copy of inspector's Virginia Amusement Device Certification	

Operator Signature: _____

Operator Name (Printed): _____ Date: _____

Inspector Signature: _____ Date: _____

