



Equivalency Application AIMS CERTIFICATION

Application for AIMS Equivalent of NAARSO Certification (check all that apply):

LEVEL:

- Level I
- Level I
- Level I

CERTIFICATION TYPE:

- Associate Ride Inspector (ARI)
- Operations
- Aquatics

Please type or clearly print the following:

Today's Date: _____

Date of Birth: _____

First Name: _____

Last Name: _____

Work Address: (Required) Use for correspondence

Home Address: (Required) Use for correspondence

Work Phone: () _____

Cell Phone: () _____

Email: _____

Expiration Date of Current Certification: _____
month / day / year

*****Submit the following required items with your application*****

- ❖ **Copy of your current NAARSO certification**
- ❖ **Payment:** The fee to transfer a current certification is \$100, expired certificate is \$170 (one year expired)
- ❖ **Complete Page 2**
- ❖ **Application:** Remember to sign and date this application.
*****Refer to the AIMS Certification Program at www.aimsintl.org for specific requirements*****

Current
 Employer: _____ Location: _____
 Position: _____ Supervisor: _____
 Phone: () _____

Once the application has been approved, an invoice will be sent to the email on file.



Equivalency Application

AIMS CERTIFICATION

I understand that AIMS International requires 4 CEUs every 2 to renew my certification(s).

I understand it is my responsibility to attend continuing education and renew my certification(s).

I understand that I am bound by the AIMS International Code of Ethics and the AIMS International Certification Program.

I understand that AIMS International does not take any responsibility for my current certification from NAARSO nor will in the future.

I hereby certify that the above information is true and correct. I have read the current Code of Ethics and agree to follow it in the discharge of my duties. I understand that any false statements will disqualify me from AIMS certification.

Signature of Applicant

Date