

## Application for Annual Inspector Qualification or Recertification 2022-2023

Name of Applicant \_\_\_\_\_ Inspector # \_\_\_\_\_  
(Please Print) (Recertification Only)

Name of Inspection Site \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Applicant Email Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Supervisor Email Address \_\_\_\_\_

**Certification for Small Vehicle Only** Yes \_\_\_\_\_ No \_\_\_\_\_

Supervisor, please initial or check line at the beginning of each section the applicant has completed.

\_\_\_\_\_ 7.02(a) The school transportation annual inspector shall possess a valid driver's license with the proper class and endorsements for the size and type of vehicle(s) to be inspected.

\_\_\_\_\_ 7.02(b) The school transportation annual inspector shall provide to the school district, charter school, or service provider a Brake Inspector Qualification Certificate meeting the requirements of the Federal Motor Carrier Safety Regulations, 49 CFR section 396.25.

\_\_\_\_\_ 7.02(c) The school transportation annual inspector shall have at least two years verifiable experience in the maintenance of light, medium or heavy-duty vehicles.

\_\_\_\_\_ 7.02(d) The school transportation annual inspector shall successfully pass the CDE initial hands-on performance test proctored by a certified school transportation annual inspector hands-on-tester.

Date taken \_\_\_\_\_ Score \_\_\_\_\_ Tester# \_\_\_\_\_

\_\_\_\_\_ 7.02(e) The school transportation annual inspector shall successfully pass the CDE annual inspector qualification written test initially, and every three years thereafter pass the CDE annual inspector recertification written test.

7.02(e)(1) A representative of the school district, charter school, or service provider, other than a school transportation annual inspector candidate, shall grade the written test.

Date taken \_\_\_\_\_ Score \_\_\_\_\_

I hereby verify that \_\_\_\_\_ has completed all of the above requirements and request that CDE issue the CDE Inspector Qualification Certificate/CDE Inspector Recertification Certificate.

\_\_\_\_\_  
(Supervisor **PRINTED NAME**) (Signature - Supervisor, Inspection Site) (Date)

For CDE use only \_\_\_\_\_  
(Date certificate/recertification issued) (Inspector number issued)



