

Application for Qualification/Recertification of Annual Inspector Hands-On Tester 2022-2023

Name of Applicant	Phone
•	(Please Print)
Hands-On Tester #	Annual Inspector #
Mailing Address	City
Email Address	Zip Code
Name of Inspection Site	Phone
Please initial or check each bo	x that the applicant has completed for Qualification or Recertification
	ortation annual inspector hands-on tester shall have maintained a CDE Annual Inspector minimum of two years 802(a)
Date of initial An	nual Inspector Qualification
	ortation annual inspector hands-on tester shall have satisfactorily completed a-CDE tion annual inspector hands-on tester training 8.02(b)
Date of Training	(qualification only)
	ortation annual inspector hands-on testers shall have completed a minimum of four nedium/heavy brake system training in the last three years.
Date of Training_	
	or ortation annual inspector hands-on tester shall maintain an ASE School Bus or or Transit Bus Brake Certification per & 02(c)
Date of Certificat	ion
4The school transp tests every three	ortation annual inspector hands-on tester shall conduct at least two hands-on years <u>or</u>
	ortation annual inspector hands-on tester shall attend a CDE school transportation nands-on tester recertification training to recertify as a school transportation annual tester. 8.02(e).
Date of Training_	(recertification only)
	ed all of the above requirements and have documentation of the above requirements File. I request that CDE issue the Annual Inspector Hands-On Tester ate.
(Signature)	(Date)
For CDE use only_	
(Date cer	tificate/recertification issued) (Inspector number)

STU-30 Maintain in the Hands-On Tester Qualification File 8.00

