



**Application for Annual Inspector
Qualification or Recertification**

Name of Applicant _____ (Please Print) Inspector # _____
(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.

- ____ 6.02(a) The school transportation annual inspector shall be in possession of a valid driver's license with the proper class and endorsements for the size and type of vehicle(s) to be inspected.
- ____ 6.02(b) The school transportation annual inspector shall provide a Brake Inspector Qualification Certificate meeting the requirements of 49 CFR 396.25 to the school district or service Provider.
- ____ 6.02(c) The school transportation annual inspector shall have at least two years verifiable experience in the maintenance of light, medium or heavy duty vehicles.
- ____ 6.02(d) The school transportation annual inspector shall successfully pass the CDE initial hands-on performance test.
Date taken _____ Score _____ Tester# _____
- ____ 6.02(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.
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)

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