



## Application for Qualification or Recertification of Annual Inspector Hands-On Tester

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 box at the beginning of each section the applicant has completed.

1. \_\_\_\_\_ The school transportation annual inspector hands-on tester shall have maintained a CDE Annual Inspector certificate for a minimum of two years 7.02(a)

Date of initial Annual Inspector Qualification \_\_\_\_\_

2. \_\_\_\_\_ The school transportation annual inspector hands-on tester shall have satisfactorily completed a four hour CDE school transportation annual inspector hands-on tester training 7.02(b)

Date of Training \_\_\_\_\_

3. \_\_\_\_\_ The school transportation annual inspector hands-on testers shall have completed a four hour brake training in the last three years

or

\_\_\_\_\_ maintain an ASE School Bus or Medium/Heavy Duty Truck or Transit Bus Brake Certification per 7.02(c)

Date of Training or Certification \_\_\_\_\_

4. \_\_\_\_\_ The school transportation annual inspector hands-on tester shall conduct at least two hands-on tests every three years

or

\_\_\_\_\_ recertification training to recertify as a school transportation annual inspector hands-on tester per 7.02(e).

I hereby verify that I have completed all of the above requirements and have documentation of the above requirements in a Hands-On Tester Qualification File. I request that CDE issue the Annual Inspector Hands-On Tester Certificate/Recertification Decal.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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For CDE use only \_\_\_\_\_

(Date certificate/recertification issued)

(Inspector number issued)

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

