



**Application for Qualification/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 each box that the applicant has completed for Qualification or Recertification

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 _____ (qualification only)

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

Date of Training _____

or

- _____ The school transportation annual inspector hands-on tester shall maintain an ASE School Bus or Medium/Heavy Duty Truck or Transit Bus Brake Certification per 7.02(c)

Date of Certification _____

4. _____ The school transportation annual inspector hands-on tester shall conduct at least two hands-on tests Every three years per 7.02(e) or

- _____ The school transportation annual inspector hands-on tester shall have satisfactorily completed a four hour CDE school transportation annual inspector hands-on tester Recertification training per 7.02(e).

Date of Training _____ (recertification only)

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 Certificate.

 (Signature)

 (Date)

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

_____ (Inspector number issued)

