

## Application for Qualification/Recertification of Annual Inspector Hands-On Tester 2021-2022

Name of Ap	oplicant	Phone
Hands-On T	(Please Print) Fester #	Annual Inspector #
		City
		Zip Code
		Phone
riease iiiiti	ial of check each box that the applicant	has completed for Qualification or Recertification
1	The school transportation annual inspector Certificate for a minimum of two years 7.	r hands-on tester shall have maintained a CDE Annual Inspector 02(a)
	Date of initial Annual Inspector Qualificat	ion
2	The school transportation annual inspector CDE school transportation annual inspector	or hands-on tester shall have satisfactorily completed a four hour or hands-on tester training 7.02(b)
	Date of Training	(qualification only)
3	The school transportation annual inspector training in the last three years	r hands-on testers shall have completed a four hour brake
	Date of Training or	<del></del>
		r hands-on tester shall maintain an ASE School Bus or
	Date of Certification	
4	The school transportation annual inspector Every three years per 7.02(e) <u>o</u>	or hands-on tester shall conduct at least two hands-on tests
		r hands-on tester shall have satisfactorily completed a four hour r hands-on tester Recertification training per 7.02(e).
	Date of Training	(recertification only)
requiremen		requirements and have documentation of the above I request that CDE issue the Annual Inspector Hands-On
	(Signature)	(Date)
Ear CDE was	o only	
For CDE use	(Date certificate/recertification issued)	(Inspector number issued)

