

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

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)