

Application for Qualification/Recertification of Annual Inspector Hands-On Tester 2024-2026

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 a current CDE Annual Inspector Certificate and maintained it for a minimum of two years 9.02(a).
 Date of initial Annual Inspector Qualification _____

2. _____ The school transportation annual inspector hands-on tester shall have satisfactorily completed a-CDE school transportation annual inspector hands-on tester training 9.02(b).
 Date of Training _____ (qualification only)

3. _____ The school transportation annual inspector hands-on testers shall have completed a minimum of four hours of verifiable medium/heavy brake system training in the last three years 9.02(c).
 Date of Training _____
 _____ or
 _____ Have maintained an ASE School Bus or Medium/Heavy Duty Truck or Transit Bus Brake Certification per 9.02(c).
 Date of Certification _____

4. _____ The school transportation annual inspector hands-on tester shall conduct at least two hands-on tests every three years 9.02(e). _____ or
 _____ Attended a CDE school transportation annual inspector hands-on tester recertification training to recertify as a school transportation annual inspector hands-on tester. 8.02(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)

