

## 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. 9.02(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)

