

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

**2025-2026**

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 maintained a CDE Annual Inspector Certificate for a minimum of two years 8.02(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 8.02(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 8.02(c).

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 8.02(c).

Date of Certification \_\_\_\_\_

4. \_\_\_\_\_ The school transportation annual inspector hands-on tester shall conduct at least two hands-on tests every three years 8.02(e). or

\_\_\_\_\_ The school transportation annual inspector hands-on tester shall attend 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)

For CDE use only \_\_\_\_\_  
(Date certificate/recertification issued)

\_\_\_\_\_  
(Inspector number)