



Application for Annual Inspector Qualification or Recertification

2025-2026

Name of Applicant: _____ Inspector #: _____
(Please Print) (Recertification Only)

Applicant Email Address: _____ Phone: _____

Name of Inspection Site: _____ Phone: _____

Mailing Address: _____ City: _____

Zip Code: _____ Supervisor Email Address: _____

Certification for Small Vehicle Only Yes ☐ No ☐

Supervisor, please initial or check the line at the beginning of each **applicable** section the applicant has completed.

_____ 8.02(a) The school transportation annual inspector shall possess a valid driver's license with the proper class and endorsements for the size and type of vehicle(s) to be inspected.

_____ 8.02(b) The school transportation annual inspector shall provide to the school district, charter school, or service provider a Brake Inspector Qualification Certificate meeting the requirements of the Federal Motor Carrier Safety Regulations, 49 CFR section 396.25.

_____ 8.02(c) The school transportation annual inspector shall have at least two years of verifiable experience in the maintenance of light, medium, or heavy-duty vehicles.

_____ 8.02(d) The school transportation annual inspector shall successfully pass the CDE initial hands-on performance test proctored by a certified school transportation annual inspector hands-on-tester.

Date taken _____ Score _____ Tester# _____

_____ 8.02(e) The school transportation annual inspector shall successfully pass the CDE annual inspector qualification written test initially, and every three years thereafter pass the CDE annual inspector recertification written test.

8.02(e)(1) A representative of the school district, charter school, or service provider, other than a school transportation annual inspector candidate, shall grade the written test.

Date taken _____ Score _____

_____ 8.02(f) The school transportation annual inspector shall have training on the maintenance of electric vehicles prior to inspecting an electric vehicle. Per 4.2 in CCR 301-26

I hereby verify that _____ has completed all of the above applicable requirements and is in compliance with 1 CCR 301-26, 4.2, and 8.0, and request that CDE issue the CDE Inspector Qualification Certificate/CDE Inspector Recertification Certificate.

(Supervisor PRINTED NAME)

(Signature - Supervisor, Inspection Site)

(Date)

STU-20 Maintain in District Inspector Qualification File

