

Application for Annual Inspector Qualification or Recertification 2024-2026

Name of Applica	nt:	(Please Print)	Inspe	ector #: (Recertification Only)	
Applicant Email	Address:			ne:	
Name of Inspect	on Site:		Pho	one:	
Mailing Address:			City:		
Zip Code:	Supervi	sor Email Address:			
Certification for	Small Vehicle Only	YesNo			
Supervisor, pleas completed.	e initial or check the	e line at the beginning o	f each applicable sec	tion the applicant has	
		ation annual inspector sh nts for the size and type		ver's license with the proper spected.	
	or service provider a		ation Certificate mee	ool district, charter school, eting the requirements of the	
		ation annual inspector sh f light, medium, or heav		years of verifiable experience	
[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.				
I	Date taken	Score	Τε	ester#	
	qualification written nspector recertificat 3.02(e)(1) <u>Wher</u> charter school, or ser candidate, shall grad	test initially, and every tion written test. <u>n the test is given in pap</u> rvice provider, other tha	three years thereafte <u>er format, a</u> represen n a school transporta	ntative of the school district,	
		ation annual inspector sh ecting an electric vehicl		he maintenance of electric 301-26	
I		in compliance with 1 CCI or Qualification Certifica	R 301-26, 48.2, and <u>8.</u>	ed all of the above applicable . <u>02(f)</u> , and request that CDE certification Certificate.	
(Supervisor l	PRINTED NAME)	(Signature - Superviso	or, Inspection Site)	(Date)	

STU-20 Maintain in District Inspector Qualification File

