COLORADO
Department of Education
School Finance and Operations Division

Application for Qualification/Recertification
of Annual Inspector Hands-On Tester
2024-2025

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)

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For CDE use only_____   _____
(Date certificate/recertification issued)   (Inspector number)

STU-30 Maintain in the Hands-On Tester Qualification File 8.00