

ANNUAL VEHICLE INSPECTION - INSPECTOR CERTIFICATION

Motor Carrier _____ Date _____

Location (street) _____

(city, state, zip) _____ Telephone No. _____

Name of Inspector (print)

Employee I.D.

§396.19 Inspector Qualifications.

- (a) It shall be the motor carrier's responsibility to ensure that the individual(s) performing an annual inspection under §396.17(d) or (e) is qualified as follows:
- (1) Understands the inspection criteria set forth in 49 CFR Part 393 and Appendix G of this subchapter and can identify defective components;
 - (2) Is knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an inspection; and
 - (3) Is capable of performing an inspection by reason of experience, training, or both as follows:

I AM A QUALIFIED ANNUAL VEHICLE INSPECTOR BASED ON THE FOLLOWING:
(Check (✓) and complete the appropriate sections)

- _____ (i) Successfully completed a State or Federal - sponsored training program or has a certificate from a State or Canadian Province which qualifies the person to perform commercial motor vehicle safety inspections.

Name of Program/Certificate _____ Date _____

Location _____

OR

- _____ (ii) Have a combination of training and/or experience totaling at least 1 year. Such training and/or experience may consist of:

- _____ (A) Participation in a truck manufacturer - sponsored training program or a similar commercial training program designed to train students in truck operation and maintenance;

Name of Program _____ How Long? _____
Months
Years
(circle one)

OR

- _____ (B) Experience as a mechanic or inspector in a motor carrier maintenance program;

Name of Motor Carrier _____ How Long? _____
Months
Years
(circle one)

OR

- _____ (C) Experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility;

Name of Facility _____ How Long? _____
Months
Years
(circle one)

OR

- _____ (D) Experience as a commercial vehicle inspector for a State, Provincial or Federal Government.

Name of Government Agency _____ How Long? _____
Months
Years
(circle one)

NOTE: Combination of (A) (B) (C) (D) above must total at least one year.

Signature of Inspector

Date

I hereby certify that the above mentioned mechanic/inspector meets the requirements for a qualified inspector to perform the annual vehicle inspection in compliance with U.S. Department of Transportation regulations for qualified inspectors.

Name of Owner/Supervisor (print)

Signature of Owner/Supervisor

Date