

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 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 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