



Shop Approval  
And  
Inspector Certifications

Date: \_\_\_\_\_

Name of Shop: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Please also fill out attached Certifications for all Inspectors and return with this form.

\_\_\_\_\_  
Signature of Owner/Supervisor

\_\_\_\_\_  
For Office Use Only

Approved by: \_\_\_\_\_  
Shop Manager/Supervisor

Date: \_\_\_\_\_

**Brake Inspector Qualification  
CERTIFICATION**

I, \_\_\_\_\_, hereby certify that I am knowledgeable and understand the requirements for performing the brake service or inspection task and I can identify the defective components in compliance with the regulations of the U.S. Department of Transportation for brake service or inspection tasks contained in 49 CFR Part 396 Appendix G. I hereby agree to comply with all such regulations governing the annual brake service and inspection tasks.

A qualified inspector must meet one or more of the following requirements. Please check those applicable.

- \_\_\_\_\_ Has successfully completed an apprenticeship program sponsored by a State, Canadian province, a Federal Agency or a labor union.
- \_\_\_\_\_ Has successfully completed a training program approved by a State or Federal agency.
- \_\_\_\_\_ Has a certificate from a State or Canadian province qualifying me to perform the assigned brake service or inspection task.
- \_\_\_\_\_ Has brake related training or experience or a combination totaling at least one year.

Such training may consist of:

- \_\_\_\_\_ Participation in a training program sponsored by a brake or vehicle manufacturer or similar commercial training program designed to train students in brake maintenance or inspection similar to the assigned brake service or inspection tasks.
- \_\_\_\_\_ Experience performing brake maintenance or inspection similar to the assigned brake Service or inspection task in a motor carrier maintenance program.
- \_\_\_\_\_ Experience performing brake maintenance or inspection similar to the assigned brake service or inspection task at a commercial garage, fleet leasing company or similar facility.
- \_\_\_\_\_ Has passed the air brake knowledge and skills test for a Commercial Drivers' License.

\_\_\_\_\_  
Signature of Brake Inspector

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_ has Met the requirements for a qualified inspector to perform the brake service or inspection task in compliance with the regulations of the U.S. Department of Transportation for qualified inspectors contained in 49 CFR Part 396.25

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner/Supervisor

\_\_\_\_\_  
Name of Shop

**Periodic Inspector Qualification  
CERTIFICATION**

I, \_\_\_\_\_, hereby certify that I am knowledgeable in the requirements for performing an annual vehicle inspection and I can identify defective components in compliance with regulations of the U.S. Department of Transportation for annual vehicle inspections contained in 49 CFR Part 396 Appendix G. I hereby agree to comply with all such regulations governing annual vehicle inspections.

A qualified inspector must meet one or more of the following requirements. Please check those applicable.

\_\_\_\_\_ Successfully completed a state or federal sponsored training program, which qualifies me to perform a commercial vehicle safety inspection.

\_\_\_\_\_ One year of training and/or experience in truck manufacturer of similar commercially Sponsored training designed to train in truck operation and maintenance.

\_\_\_\_\_ One year experience as a mechanic or inspector in a motor carrier maintenance Program.

\_\_\_\_\_ One year experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility.

\_\_\_\_\_ One year experience as a commercial vehicle inspector for a state, provincial or federal government.

\_\_\_\_\_  
Signature of Mechanic/Inspector

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_ has met the requirements for a qualified inspector to perform the annual vehicle inspection in compliance with the regulations of the U.S. Department of Transportation for qualified inspectors contained in 49 CFR Part 396.19.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Owner/Supervisor

\_\_\_\_\_  
Shop Name