INSPECTOR QUALIFICATIONS
Certification – 49 CFR – Part 396.19

Motor carriers are responsible for ensuring that individual(s) performing an annual inspection under 396.19 are qualified as follows:

☐ Understands the inspection criteria set forth in Part 396 and Appendix A and can identify defective components

☐ Is knowledgeable of and has mastered the methods, procedures, tools and equipment used when performing an inspection

☐ Is capable of performing an inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):

I. ☐ Successfully completed a State or Federal training program or has certificate from a State or Canadian Province which qualifies the person to perform commercial vehicle safety inspections. Specify:

__________________________________________

or

II. ☐ Have a combination of training or experience totaling at least one year as follows (check all that apply):

A. ☐ Participation in a truck manufacturer-sponsored training program or similar commercial training program designed to train students in truck operation and maintenance. Where and Date:

__________________________________________

B. ☐ ______ (years) experience as a mechanic or inspector in a motor carrier maintenance program. Name and Date:

__________________________________________

C. ☐ ______ (years) experience as a mechanic or inspector in truck maintenance at a commercial garage, fleet leasing company, or similar facility. Name of Facility and Dates:

__________________________________________

D. ☐ ______ (years) experience as a commercial vehicle inspector for a State, Provincial, or Federal Government. Where and Dates:

__________________________________________

I certify the above information is true and accurate to the best of my knowledge.

Employee ___________________________________________ ______________________

Signature of Mechanic/Inspector Date

Motor Carrier/Company ___________________________________________ ______________________

Signature of Employer/Supervisor Date

Evidence of Inspector Qualifications are on file at:

__________________________________________
“Brake Inspector” means any employee of a motor carrier who is responsible for ensuring all brake inspections, maintenance, service, or repairs to any commercial motor vehicle, subject to the motor carrier’s control, meet the applicable Standards.

No motor carrier shall require or permit any employee who does not meet minimum brake inspector qualifications to be responsible for the inspection, maintenance, service or repairs of any brakes on its commercial motor vehicles.

Minimum Qualifications

☐ Understands and can perform brake service and inspection
☐ Is knowledgeable of and has mastered the methods, procedures, tools and equipment necessary to perform brake service and inspection
☐ Is capable of performing brake service or inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):

I. ☐ Has successfully completed an apprenticeship program sponsored or approved by a State, Canadian Province, a Federal agency or labor union, or has a certificate from a State or Canadian Province which qualifies the person to perform brake service or inspections. Specify:

II. ☐ Has brake-related training or experience or a combination thereof totaling at least one year as follows (check all that apply):

A. ☐ Participation in a brake maintenance or inspection training program sponsored by a brake or vehicle manufacturer or similar commercial training program. Where and Date:

B. ☐ _____ (years) experience performing brake maintenance or inspection in a motor carrier maintenance program. Name and Date:

C. ☐ _____ (years) experience performing brake maintenance or inspection at a commercial garage, fleet leasing company, or similar facility. Name of Facility and Dates:

I certify the above information is true and accurate to the best of my knowledge.

Employee __________________________________________  ______________

Signature of Mechanic/Inspector  Date

Motor Carrier/Company __________________________________________  _____________

Signature of Employer/Supervisor  Date

Evidence of Inspector Qualifications are on file at:

________________________________________________________________________