

MECHANIC INSPECTOR QUALIFICATION LETTER

All school buses, as defined in K.S.A. 72-6486, as well as activity buses and school passenger vehicles used to transport students in Kansas must be inspected annually by a qualified mechanic in accordance with requirements authorized by

KSA 8-2009 and K.A.R. 91-38-5. School districts, private schools and school bus contractors are responsible to ensure that individual(s) performing these mechanical inspections are qualified as follows:

- Understands the inspection criteria set forth in 49 CFR Part 393 and Appendix G 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 or more 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 vehicles safety inspections. Specify: _____
AND / 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 or bus manufacturer-sponsored training program or similar commercial training program designed to train students in truck or bus operation and maintenance. Where & 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 or bus maintenance at a commercial garage, fleet leasing company, or similar facility.
Name of Facility & 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 _____ Date: _____
Signature of Mechanic/Inspector Date

School/Company _____ Date: _____
Signature of Employer/Supervisor Date

Evidence of Inspector Qualifications on file at: _____